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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7                     |
|   | Chapter 11 Chapter 12         |
|   | Chapter 13                    |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Lester<br>First name       | First name                                    |
| Write the name that is on your government-issued picture identification (for example, your driver's | Middle name Wiley          | Middle name                                   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee.                                 | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   | N.C. I. II                 | VE.18   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social  | XXX - XX- 7703             |   |
| Security number or<br>federal Individual  | OR                         | OR  |
| Taxpayer Identification number  | 9 xx - xx-                 | 9 xx - xx-                                    |
| (ITIN)  |                            |   |

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| Debtor 1 Lester<br>First Name                                | Wiley Middle Name Last Name   | Case number (if known)   |
|--|---|--|
|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name   | Business name  |
| 8 years Include trade names and                              | Business name   | Business name  |
| doing business as names                                      | EIN   | EIN  |
|  | EIN   | EIN  |
| 5. Where you live  | 1135 E Sibley Blvd  | If Debtor 2 lives at a different address:  |
|  | Number Street   | Number Street  |
|  | DoltonIllinois60419CityStateZip Code  | City State Zip Code  |
|  | Cook<br>County  | County   |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street   | Number Street  |
|  | Chicago Illinois 60628  |  |
|  | City State Zip Code   | City State Zip Code  |
| <ol> <li>Why you are<br/>choosing this district</li> </ol>   | Check one:  | Check one:   |
| to file for bankruptcy                                       | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

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| Del | btor 1 Lester   | Wile  |   | Case number (if kno  | wn)   |
|-----|---|---|---|--|---|
|     | First Name  | Middle Name Last  | t Name  |  |   |
| Par | Tell the Court Abo  | ut Your Bankruptcy Case   |   |  |   |
|     | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description of Bankruptcy (Form B2010)). Also, go to Chapter 7 Chapter 11 Chapter 12 Chapter 13   |   |  |   |
|     | How you will pay the<br>fee   | more details about how you m cashier's check, or money order may pay with a credit card or compared to pay the fee in install andividuals to Pay Your Filing to I request that my fee be waive judge may, but is not required the official poverty line that ap | lay pay. Typically, if your attorney is sheck with a pre-printer liments. If you choose Fee in Installments (Or red (You may request to, waive your fee, and plies to your family size the state of the | ou are paying the<br>submitting your<br>ed address.<br>this option, sig<br>fficial Form 103,<br>this option only<br>d may do so only<br>ze and you are u | the clerk's office in your local court for a fee yourself, you may pay with cash, or payment on your behalf, your attorney on and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of inable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
|     | Have you filed for<br>bankruptcy within the<br>last 8 years?  | Yes. District District District   | When<br>When<br>When  | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY   | Case number  Case number  Case number   |
|     | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | V No.  Yes. Debtor District Debtor District   | When When   | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
|     | Do you rent your residence?   | ✓ No. Go to line 12.  | ment About an Eviction  |  | you want to stay in your residence?  t You (Form 101A) and file it with   |

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Wiley Debtor 1 Lester \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor?  $\overline{\mathbf{v}}$ No. I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1 First Name
 Lester
 Wiley
 Case number (if known)

 Last Name

| Pa               | rt 5: Explain Your Effor  | rts to Receive a Brie   | fing About Credit Counseling   |                       |  |   |
|------------------|---|---|--|-----------------------|--|---|
|                  |   | About Debtor 1:   |  | About                 | Debtor 2 (Sp   | oouse Only in a Joint Case):  |
| 15.              | Tell the court  | You must check one:   |  | You m                 | ust check one:   |   |
|                  | whether you have received briefing about credit counseling.   | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | co                    | unseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>optcy petition, and I received a<br>npletion.  |
|                  | The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.  If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. |   | he certificate and the payment plan, veloped with the agency.  |                       |  | he certificate and the payment plan, veloped with the agency.   |
|                  |   | counseling agen   | ing from an approved credit<br>acy within the 180 days before I<br>ptcy petition, but I do not have a<br>appletion.  | co                    | unseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.  |
|                  |   |   | er you file this bankruptcy petition, opy of the certificate and payment   | you                   |  | er you file this bankruptcy petition, opy of the certificate and payment  |
| ,<br>,<br>,<br>, |   | from an approve obtain those ser made my reques                   | ked for credit counseling services ad agency, but was unable to vices during the 7 days after I t, and exigent circumstances emporary waiver of the  | fro<br>ob<br>ma<br>me | m an approve<br>tain those se<br>ade my reques   | ked for credit counseling services<br>ed agency, but was unable to<br>vices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                  |
|                  |   | requirement, attac<br>efforts you made t<br>unable to obtain it   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |                       | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |   |
|                  |   |   | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   | wit                   |  | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |
|                  |   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed.   | rec<br>mu<br>wit      | ceive a briefing<br>st file a certifica<br>h a copy of the   | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |
|                  |   | •   | he 30-day deadline is granted only<br>mited to a maximum of 15 days.   |                       | ,  | he 30-day deadline is granted only<br>mited to a maximum of 15 days.  |
|                  |   | I am not required counseling beca                                 | d to receive a briefing about credit use of:   |                       | m not require<br>unseling beca   | d to receive a briefing about credit ause of:   |
|                  |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |                       | Incapacity.  | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |
|                  |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.   |                       | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.      |
|                  |   | Active duty.  | I am currently on active military duty in a military combat zone.  |                       | Active duty.   | I am currently on active military duty in a military combat zone.   |
|                  |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for punseling with the court.  | ab                    | out credit cour  | are not required to receive a briefing seling, you must file a motion for ounseling with the court.   |

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| Debtor 1 Lester   | Wile   |   | er (if known)   |  |  |  |
|---|--|---|---|--|--|--|
| First Name  | Middle Name Last<br>estions for Reporting Purposes   | t Name  |   |  |  |  |
| Part 6: Answer These Que<br>16. What kind of debts do<br>you have?  | 160. Are your debte primarily consumer debte? Consumer debte are defined in 11 LLS C. \$ 101(9) on |   |   |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   |  |   | empt property is excluded and administrative unsecured creditors? |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000        |  |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                 | \$1,000,001-\$10 millior<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 mill<br>\$100,000,001-\$500 m | on \$1,000,000,001-\$10 billion ion \$10,000,000,001-\$50 billion |  |  |  |
| 20. How much do you estimate your liabilities to be?  |  | \$1,000,001-\$10 millior \$10,000,001-\$50 millior \$50,000,001-\$100 million \$100,000,001-\$500 million | on \$1,000,000,001-\$10 billion ion \$10,000,000,001-\$50 billion |  |  |  |
| Part 7: Sign Below  | I have examined this potition, and   | I I dodara under panalty of pariu   | uny that the information provided is true and                     |  |  |  |
| I have examined this petition, and I declare under penalty of perjury that the information provided is correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, of title 11, United States Code. I understand the relief available under each chapter, and I choose to under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to hout this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petit I understand making a false statement, concealing property, or obtaining money or property by frat connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |   |   |  |  |  |
|   |  |   |   |  |  |  |
|   | /s/ Lester Wiley Signature of Debtor 1   | Sign  | nature of Debtor 2  |  |  |  |
|   | Executed on2/9/2017  | Exe   | ecuted on   |  |  |  |
|   | MM / DD /  | YYYY  | MM / DD / YYYY  |  |  |  |

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| Debtor 1 Lester                                  |  | Wiley                 | Case number (if k            | nown)  |  |  |  |
|--|--|-----------------------|------------------------------|--|--|--|--|
| First Name                                       | Middle Name  | Last Name             |                              |  |  |  |  |
| For your attorney, if you are represented by one | eligibility to proceed und   | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about States Code, and have explained the so certify that I have delivered to the |  |  |  |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. §   | 342(b) and, in a case in w   | hich § 707(b)(4)(D) applies, certify that I  |  |  |  |
| represented by an                                | have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |                       |                              |  |  |  |  |
| attorney, you do not                             | <b>.</b> .   |                       |                              | ·  |  |  |  |
| need to file this page.                          | /s/ Ayah Abdelhadi   |                       | Date                         | 2/9/2017   |  |  |  |
|  | Signature of Attorney f  | or Debtor             | M                            | M / DD / YYYY  |  |  |  |
|  |  |                       |                              |  |  |  |  |
|  |  |                       |                              |  |  |  |  |
|  | Ayah Abdelhadi   |                       |                              |  |  |  |  |
|  | Printed name   |                       |                              |  |  |  |  |
|  | Semrad Law Firm  |                       |                              |  |  |  |  |
|  | Firm name  |                       |                              |  |  |  |  |
|  | 11101 S. Western Ave   | enue                  |                              |  |  |  |  |
|  | Street   |                       |                              |  |  |  |  |
|  |  |                       |                              |  |  |  |  |
|  |  |                       |                              |  |  |  |  |
|  | Chicago  |                       | Illinois                     | 60643  |  |  |  |
|  | City   |                       | State                        | Zip Code   |  |  |  |
|  |  |                       |                              |  |  |  |  |
|  | Contact phone  | 3123866421            | Email address                | aabdelhadi@semradlaw.com   |  |  |  |
|  |  |                       |                              |  |  |  |  |
|  |  |                       | Illinois                     |  |  |  |  |
|  | Bar number   |                       | State                        | State  |  |  |  |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Lester                    |             | Wiley                |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)              |  |  |  |  |

| Check if this is an |  |
|---------------------|--|
| amended filing      |  |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own              |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00  |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <u>-</u>  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$5,695.00<br>——————————————————————————————————— |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$5,695.00  |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe                |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | \$0.00  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <del></del>                                       |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$0.00  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$19,048.00                                       |
| Your total liabilities   | \$19,048.00                                       |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  |   |
| Copy your combined monthly income from line 12 of Schedule I   | \$2,696.12  |
|  |   |
| 5. Schedule J: Your Expenses (Official Form 106J)  | \$2,705.00  |

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| Deb                                | tor 1 Lester   |                                   | Wiley                                   | Case number (if known)  |            |  |  |  |  |  |
|------------------------------------|--|-----------------------------------|---|---|------------|--|--|--|--|--|
| Part                               | First Name  Answer These Out   | Middle Name                       | Last Name                               | orde  |            |  |  |  |  |  |
| ran                                | Part 4: Answer These Questions for Administrative and Statistical Records  |                                   |   |   |            |  |  |  |  |  |
| 6. <b>A</b>                        | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?  |                                   |   |   |            |  |  |  |  |  |
|                                    | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |                                   |   |   |            |  |  |  |  |  |
| Ŀ                                  | Yes.   |                                   |   |   |            |  |  |  |  |  |
| 7 W                                | 7. What kind of debt do you have?  |                                   |   |   |            |  |  |  |  |  |
| / . ••                             | •  |                                   |   |   |            |  |  |  |  |  |
| Ŀ                                  |  |                                   |   | by an individual primarily for a personal, I purposes. 28 U.S.C. § 159. |            |  |  |  |  |  |
| Г                                  | Your debts are not pri   | marily consumer debts. Yo         | ou have nothing to report on            | this part of the form. Check this box and sub                           | omit       |  |  |  |  |  |
|                                    | this form to the court w   | ith your other schedules.         | <u> </u>                                | ·   |            |  |  |  |  |  |
| 8. <b>I</b>                        | From the Statement of Yo   | our Current Monthly Incom         | e: Copy your total current mo           | onthly income from Official   | \$1,273.12 |  |  |  |  |  |
|                                    |  | Form 122B Line 11; <b>OR</b> , Fo |   | ,   | Ψ1,270.12  |  |  |  |  |  |
| •                                  | On the fellowing and a   |                                   | un Dant A. Lina C. of Calcadal          | . F/F:  |            |  |  |  |  |  |
| 9.                                 | Copy the following speci   | ai categories of claims fro       | om Part 4, line 6 of Schedul            | e E/F:  |            |  |  |  |  |  |
|                                    | From Part 4 on Schedule  | E/F, copy the following:          |   | Total claim   |            |  |  |  |  |  |
|                                    | 9a. Domestic support obli  | gations (Copy line 6a.)           |   | \$0.00  |            |  |  |  |  |  |
|                                    |  |                                   | . (0                                    | \$0.00  |            |  |  |  |  |  |
|                                    | 9b. Taxes and certain other  | r debts you owe the governi       | ment. (Copy line 6b.)                   | \$0.00  |            |  |  |  |  |  |
|                                    | 9c. Claims for death or per  |                                   |   |   |            |  |  |  |  |  |
| 9d. Student loans. (Copy line 6f.) |  |                                   |   | \$0.00  |            |  |  |  |  |  |
|                                    | 9e. Obligations arising out of a separation agreement or di priority claims. (Copy line 6g.)   |                                   | or divorce that you did not rec         | oort as \$0.00  |            |  |  |  |  |  |
|                                    |  |                                   | , |   |            |  |  |  |  |  |
|                                    | 9f Debts to pension or pro   | ofit-sharing plans, and other     | similar debts. (Copy line 6h.)          | \$0.00  |            |  |  |  |  |  |
|                                    | c 200to to porioion or pit   | one on any plants, and office     | ciiiia dobto. (Copj iiio oii.)          |   |            |  |  |  |  |  |

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                           | information to identify your  | case:  |   | -   |                         |  |                                       |  |
|--|---|--|---|---|-------------------------|--|---------------------------------------|--|
|  |   |  |   | M/Harr  |                         |  |                                       |  |
| Debtor 1                               | Lester<br>First Name  | Middle Na  | ıme   | Wiley Last Name   |                         |  |                                       |  |
| Debtor 2                               | ling)   |  |   |   |                         |  |                                       |  |
| (Spouse, if fi                         | ling) First Name  | Middle Na  | ıme   | Last Name   |                         |  |                                       |  |
| United Sta                             | ates Bankruptcy Court for the:  | Northern   | Distr   | ict of Illinois (State)                                       |                         |  |                                       |  |
| Case num                               | nber  |  |   | (State)   |                         |  |                                       |  |
| (If known)                             |   |  |   |   |                         |  | Check if this is an                   |  |
| Officia                                | al Form 106A/B  |  |   |   |                         |  | amended filing                        |  |
| Sche                                   | dule A/B: Prope   | erty   |   |   |                         |  | 12/1                                  |  |
| category v<br>responsibl<br>write your | ategory, separately list and<br>where you think it fits best.<br>le for supplying correct info<br>name and case number (if<br>Describe Each Residen | Be as complete an<br>rmation. If more sp<br>known). Answer eve | d accurate as<br>ace is needed<br>ery question. | s possible. If two married pe<br>I, attach a separate sheet t | eople are<br>to this fo | filing together, both a<br>rm. On the top of any a   | re equally                            |  |
|  |   |  | -   |   |                         |  |                                       |  |
| 1. Do you                              | u own or have any legal or e<br>No. Go to Part 2  | quitable interest in   | any residend                                    | e, building, land, or similar                                 | property                | y :  |                                       |  |
|  | Yes. Where is the property?   |  |   |   |                         |  |                                       |  |
|  | reconstruction and property.  |  | What is the n                                   | roperty? Check all that apply                                 | /                       | Do not deduct secured  | claims or exemptions. Put             |  |
| 1.1                                    | 0   |  | Single-fam                                      |   | •                       | the amount of any secu   | red claims on Schedule D:             |  |
|  | Street address, if available, or  | r other description  | Duplex or multi-unit building                   |   |                         |  | ims Secured by Property.              |  |
|  |   |  |   | nium or cooperative   |                         | Current value of the entire property?  | Current value of the portion you own? |  |
|  |   |  | Ш. п.       | ired or mobile home   |                         |  |                                       |  |
|  | Number Street   |  | Land<br>Investmen                               | t property  |                         | Describe the nature o  | f your ownership                      |  |
|  |   |  | Timeshare                                       | , , ,   |                         | interest (such as fee s<br>the entireties, or a life   |                                       |  |
|  | City State  | Zip Code   | Other   |   |                         |  | - Cotatoj, ii kilowiii                |  |
|  |   |  | Who has an in one.                              | nterest in the property? Ch                                   | eck                     | Check if this is co<br>(see instructions)  | mmunity property                      |  |
|  |   |  | Debtor 1 d                                      | only  |                         | ш  |                                       |  |
|  |   |  | Debtor 2 o                                      | only  |                         |  |                                       |  |
|  |   |  | <u> </u>  | and Debtor 2 only   |                         |  |                                       |  |
|  |   |  | At least on                                     | e of the debtors and another                                  |                         |  |                                       |  |
|  |   |  |   | ation you wish to add about<br>itification number:            | t this ite              | m, such as local   |                                       |  |
| If you                                 | own or have more than one,  |  | proporty ruo.                                   | <u> </u>  |                         |  |                                       |  |
|  |   |  | What is the p                                   | roperty? Check all that apply                                 | <b>/</b> .              |  | claims or exemptions. Put             |  |
| 1.2                                    | Street address, if available, or  | r other description  | Single-family home                              |   |                         | the amount of any secured claims on Schedule L<br>Creditors Who Have Claims Secured by Property. |                                       |  |
|  |   |  | <u></u>   | multi-unit building   |                         | Current value of the   | Current value of the                  |  |
|  |   |  | $\square$                                       | nium or cooperative<br>ured or mobile home                    |                         | entire property?   | portion you own?                      |  |
|  |   |  | Land  |   |                         |  |                                       |  |
|  | Number Street   |  | Investmen                                       | t property  |                         | Describe the nature of interest (such as fee s   |                                       |  |
|  | City State  | Zip Code   | Timeshare Other                                 |   |                         | the entireties, or a life  |                                       |  |
|  | Oity Otato  | Zip Gode   |   |   |                         | Chack if this is as  | mmunity property                      |  |
|  |   |  | Who has an in one.                              | nterest in the property? Ch                                   | eck                     | (see instructions)   | mmumty property                       |  |
|  |   |  | Debtor 1 o                                      | •   |                         |  |                                       |  |
|  |   |  | Debtor 2 o                                      | -   |                         |  |                                       |  |
|  |   |  | $\square$                                       | and Debtor 2 only<br>se of the debtors and another            |                         |  |                                       |  |
|  |   |  |   |   |                         | m ouch oo leed   |                                       |  |
|  |   |  |   | ation you wish to add about<br>Itification number:            | t this ite              | in, such as local  |                                       |  |

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| Debtor 1    | Lester<br>First Name   | Middle Name                                | Wiley<br>Last Name  | Case number       | (if known)   |   |
|-------------|--|--|---|-------------------|--|---|
| 1.3<br>Stre | eet address, if available, or of                               | v  | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  | apply.            | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own? |
| Nu          | mber Street  State   | Zip Code                                   | Land Investment property Timeshare Other  | _                 | Describe the nature or interest (such as fee s the entireties, or a life | imple, tenancy by   |
|             |  | []<br>[]<br>[]<br>[]                       | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an other information you wish to add property identification number: | nother            | Check if this is co<br>(see instructions)                                | mmunity property  |
|             | the dollar value of the po<br>ve attached for Part 1. W        | rtion you own for a<br>rite that number he | all of your entries from Part 1, inclere.   | uding any entries | for pages  |   |
|             | Describe Your Vehicle  |  | in any vehicles, whether they are   | registered or no  | t? Include any vehicles  |   |
| you own 1   | that someone else drives. If<br>ans, trucks, tractors, sport u | you lease a vehicle, a                     | also report it on Schedule G: Executo   | -                 | -  |   |
| 3.1         | Model:<br>Year:  | Buick<br>Lucerne<br>2006                   | Who has an interest in the proone.  Debtor 1 only   | perty? Check      | the amount of any secu   | claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>aims Secured by Property.                               |
|             | Approximate mileage: Other information: 2006 Buick Lucerne     | 170000                                     | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community  |                   | Current value of the entire property?<br>\$1995.00                       | Current value of the portion you own?<br>\$1995.00  |
| 3.2         | Make<br>Model:<br>Year:  |  | who has an interest in the proone.  Debtor 1 only   | perty? Check      | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  |
|             | Approximate mileage: Other information:                        |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  |                   | Current value of the entire property?                                    | Current value of the portion you own?   |

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|      | Lester<br>First Name   | Middle Name | Wiley<br>Last Name   | Case numbe  | er (if known)   |   |  |
|------|--|-------------|--|---|---|---|--|
| 3.3  | Make<br>Model:<br>Year:<br>Approximate mileage:  |             | Who has an interest in the one.  Debtor 1 only   | property? Check   | Do not deduct secured the amount of any secu-<br>Creditors Who Have Cla   | •   |  |
|      | Other information:   |             | Debtor 2 only  Debtor 1 and Debtor 2 or  | nlv   | Current value of the entire property?   | Current value of the portion you own?   |  |
|      | Outer information.   |             | At least one of the debtor   | •   |   |   |  |
|      |  |             | Check if this is commu instructions)   |   |   |   |  |
| 3.4  | Make<br>Model:   |             | Who has an interest in the one.  | property? Check   | Do not deduct secured the amount of any secu  |   |  |
|      | Year:  | <del></del> | Debtor 1 only  |   |   | ve Claims Secured by Property   |  |
|      | Approximate mileage:   |             | Debtor 2 only  |   | Current value of the  | Current value of the  |  |
|      | Other information:   |             | Debtor 1 and Debtor 2 or   | nly   | entire property?  | portion you own?  |  |
|      |  |             | At least one of the debtor   | rs and another  | <u> </u>  | ·   |  |
|      |  |             | Check if this is commu   | nity property (see  |   |   |  |
|      |  | •           | er recreational vehicles, other<br>t, fishing vessels, snowmobiles,  | •   |   |   |  |
| Exa  | nples: Boats, trailers, motors<br>No<br>Yes  | •           | er recreational vehicles, other  | motorcycle accessor   | Do not deduct secured the amount of any secu  | red claims on <i>Schedule</i>   |  |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:   | •           | er recreational vehicles, other<br>t, fishing vessels, snowmobiles,<br>Who has an interest in the  | motorcycle accessor   | Do not deduct secured   | red claims on <i>Schedule</i>   |  |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:  | •           | er recreational vehicles, other<br>t, fishing vessels, snowmobiles,<br>Who has an interest in the<br>one.  | motorcycle accessor   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule ims Secured by Propert Current value of the   |  |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only   | motorcycle accessor property? Check   | Do not deduct secured<br>the amount of any secu<br>Creditors Who Have Cla   | red claims on <i>Schedule</i>   |  |
| Exar | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only At least one of the debtor  | property? Check  nly rs and another   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule ims Secured by Propert Current value of the   |  |
| Exar | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only   | property? Check  nly rs and another   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule ims Secured by Propert Current value of the   |  |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                     | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor instructions)  Who has an interest in the one.  | property? Check  nly rs and another nity property (see  | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  | red claims on Schedule ims Secured by Propertion Value of the portion you own?  |  |
| 4.1  | Make Model: Other information:  Make Model: Make Model: Make Model: Model: Model: Model: Model: Model: Model:                              | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one.  | property? Check  nly rs and another nity property (see  | Do not deduct secured the amount of any secucreditors Who Have Classian Current value of the entire property?  Do not deduct secured the amount of any secured.   | claims or Schedule  |  |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                     | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 and Debtor 2 on Debtor 1 and Debtor 1 only                  | property? Check  nly rs and another nity property (see  | Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classifications                     | red claims on Schedule ims Secured by Propen Current value of the portion you own?  claims or exemptions. I ured claims on Schedule ims Secured by Propen         |  |
| 4.1  | mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 and Debtor 2 on Debtor 1 and Debtor 2 on Debtor 1 and Debtor 2 on Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only                                       | property? Check  Inly Its and another Inity property (see  property? Check  | Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the | claims or schedule portion you own?  claims or exemptions. I lired claims on Schedule aims Secured by Propertion you own?   |  |
| 4.1  | Make Model: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information:                             | •           | who has an interest in the one.  Debtor 1 and Debtor 2 or At least one of the debtor instructions)  Who has an interest in the one.  Debtor 1 and Debtor 2 or At least one of the debtor instructions)  Who has an interest in the one.  Debtor 1 only  Debtor 2 only  Debtor 1 only  Debtor 1 and Debtor 2 or Debtor 2 or Debtor 1 only | property? Check  nly rs and another nity property (see property? Check  | Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classifications                     | red claims on Schedule ims Secured by Propent Current value of the portion you own?  claims or exemptions. If the claims on Schedule ims Secured by Propentities. |  |
| 4.1  | mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 and Debtor 2 on Debtor 1 and Debtor 2 on Debtor 1 and Debtor 2 on Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only                                       | property? Check  Inly Its and another Inity property (see Inity property? Check  Inly Its and another Inity property? Check  Inly Its and another | Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the | claims or schedule portion you own?  claims or exemptions. I lired claims on Schedule aims Secured by Propertion you own?   |  |

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| De                       | ebtor 1      |                                    | Wiley Case number  | (if known)   |
|--------------------------|--------------|------------------------------------|--|--|
|                          |              | First Name                         | Middle Name Last Name  |  |
| Pa                       | rt 3:        | Describe Y                         | our Personal and Household Items   |  |
| D                        | o you        | own or hav                         | re any legal or equitable interest in any of the following items?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                          |              |                                    | and furnishings<br>diances, furniture, linens, china, kitchenware  |  |
| <u>✓</u>                 |              | Describe                           | Misc. Household Goods  | \$350.00   |
|                          |              | t <b>ronics</b><br>les: Television | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; r  | nusic  |
| <b>✓</b>                 | Yes. [       | Describe                           | Misc. Electronics  | \$250.00   |
|                          |              | •                                  | lue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; bin, or baseball card collections; other collections, memorabilia, collectibles |  |
|                          | No<br>Yes. [ | Describe                           |  |  |
|                          |              | les: Sports, ph                    | orts and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; as; carpentry tools; musical instruments                           | canoes   |
| <b>✓</b>                 | No<br>Yes. [ | Describe                           |  |  |
| _                        | 0. Fire      | arma                               |  |  |
|                          | Examp        |                                    | les, shotguns, ammunition, and related equipment   |  |
| 띨                        | No<br>Vac I  | ) oo orib o                        |  |  |
| Ш                        | res. L       | Describe                           |  |  |
|                          | -            |                                    | clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| Ц                        | No<br>Voc 1  | Describe                           | Lload Clathing   |  |
| ⊻                        | 165. 1       | Jeschbe                            | Used Clothing  | \$350.00   |
|                          |              | •                                  | jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge<br>er   | ms,  |
| Ш                        | No           |                                    |  |  |
| ✓                        | Yes. [       | Describe                           | Used Costume Jewelry   | \$50.00  |
|                          | Examp        | n-farm animal<br>les: Dogs, cat    | s, birds, horses   |  |
| $oxed{oldsymbol{arphi}}$ | No<br>Yes. [ | Describe                           |  |  |
| 1                        | 4. Any       | other persor                       | nal and household items you did not already list, including any health aids you did  | not list   |
| ✓                        | No           | •                                  | ,  |  |
|                          | Yes. [       | Describe                           |  |  |
|                          |              |                                    | lalue of all of your entries from Part 3, including any entries for pages you have atta<br>t number here   | 1 \$1000.00  |

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| Debt         | or 1 Lester                                     |   | Wiley                      | Case number (if known)                                     |  |
|--------------|---|---|----------------------------|--|--|
|              | First Name                                      | Middle Name   | Last Name                  |  | _  |
| Part 4       | Describe Your I                                 | Financial Assets  |                            |  |  |
| Doy          | you own or have an                              | y legal or equitable interes  | in any of the following    | g?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>(</b> | xamples: Money you ha                           | ive in your wallet, in your home, ir  |                            | n hand when you file your petition                         |  |
|              |   |   |                            | Cash:  |  |
| 17.          | Examples: Checking, sa and other similar in     | avings, or other financial accounts<br>estitutions. If you have multiple ac |                            | ares in credit unions, brokerage houses, ution, list each. |  |
|              | ✓ Yes   |   | Institution name:          |  |  |
|              |   | 17.1. Checking account:   | Bank of America            |  | \$2000.00  |
|              |   | 17.2. Checking account:   |                            |  |  |
|              |   | 17.3. Savings account:  |                            |  |  |
|              |   | 17.4. Savings account:  |                            |  |  |
|              |   | 17.5. Certificates of deposit:  |                            |  |  |
|              |   | 17.6. Other financial account:  |                            |  |  |
|              |   | 17.7. Other financial account:  |                            |  |  |
|              |   | 17.8. Other financial account:  |                            |  |  |
|              |   | 17.9. Other financial account:  |                            |  |  |
| 18.          |   | or publicly traded stocks<br>, investment accounts with broke               | rage firms, money market a | ccounts  |  |
|              | ✓ No ☐ Yes                                      | Institution or issuer name:   |                            |  |  |
|              |   |   |                            |  |  |
|              |   |   |                            |  | <u></u> -  |
| 19.          | Non-publicly traded s<br>an LLC, partnership, a |   | ted and unincorporated b   | ousinesses, including an interest in                       |  |
|              | <b>✓</b> No                                     |   |                            |  |  |
|              | Yes. Give specific information about            | Name of entity  |                            | % of ownership:  |  |
|              | them  |   |                            |  |  |
|              |   |   |                            |  |  |

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| Debt | or 1 L               | _ester  |   | Wiley                             | Case number (if known)              |  |
|------|----------------------|---|---|-----------------------------------|-------------------------------------|--|
|      | F                    | First Name  | Middle Name   | Last Name                         |                                     |  |
| 20.  | Nego<br>Non-         | otiable instruments in<br>negotiable instrume<br>No<br>Yes. Give specific | prate bonds and other negotiab<br>nclude personal checks, cashiers'<br>ents are those you cannot transfer<br>Issuer name: | checks, promissory notes, an      | d money orders.                     |  |
| 21.  | Exam                 |   |   | thrift savings accounts, or ot    | her pension or profit-sharing plans |  |
|      | <u> </u>             | No  | Type of account:  | Institution name:                 |                                     |  |
|      | Ш ;                  | res. List each<br>account   | 401(k) or similar plan:   | mondation name.                   |                                     |  |
|      | 5                    | separately.   | Pension plan:   |                                   |                                     |  |
|      |                      |   | IRA:  |                                   |                                     |  |
|      |                      |   | Retirement account:   | _                                 |                                     |  |
|      |                      |   | Keogh:  |                                   |                                     |  |
|      |                      |   | Additional account:   |                                   |                                     |  |
|      |                      |   | Additional account:   |                                   |                                     |  |
| 22.  | Your<br>Exam<br>comp | nples: Agreements w<br>panies, or others<br>No                            | orepayments<br>deposits you have made so that<br>vith landlords, prepaid rent, public                                     |                                   |                                     |  |
|      | Ш,                   | Yes   | Electric:   |                                   |                                     |  |
|      |                      |   | Gas:  |                                   |                                     |  |
|      |                      |   | Heating oil:  |                                   |                                     |  |
|      |                      |   | Security deposit on rental unit:  |                                   |                                     |  |
|      |                      |   | Prepaid rent:   |                                   |                                     |  |
|      |                      |   | Telephone:  |                                   |                                     |  |
|      |                      |   | Water:  |                                   |                                     |  |
|      |                      |   | Rented furniture:   |                                   |                                     |  |
|      |                      |   | Other:  |                                   |                                     |  |
| 23.  | Annı                 | uities (A contract fo   | r a periodic payment of money to  | you, either for life or for a num | nber of years)                      |  |
|      |                      | No<br>Yes   | Issuer name and description:  |                                   |                                     |  |
|      |                      |   |   |                                   |                                     |  |
|      |                      |   |   |                                   |                                     |  |
|      |                      |   |   |                                   |                                     |  |

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| Debt | tor 1 Lester   | Middle   | Wiley  | Case number (if known)   |  |
|------|--|--|--|--|--|
| 24.  | First Name Interests in an e   | Middle   | Name Last Name count in a qualified ABLE program, or unde                | er a qualified state tuition program.  |  |
|      |  | (b)(1), 529A(b), and 529   |  |  |  |
|      | ✓ No<br>☐ Yes  | stitution name and descri  | ption. Separately file the records of any interes                        | sts.11 U.S.C. § 521(c):  |  |
|      | _  |  |  |  |  |
|      | _  |  |  |  |  |
| 25.  | <br>Trusts. equitable  | e or future interests in a   | property (other than anything listed in line                             | 1), and rights or powers   |  |
|      | exercisable for y  | =  |  | , , , andg   |  |
|      | ✓ No   |  |  |  |  |
|      | Yes. Describe  | )  |  |  |  |
| 26.  | Patents convrid  |  | secrets, and other intellectual property                                 |  |  |
| 20.  |  |  | es, proceeds from royalties and licensing agre                           | ements   |  |
|      | ✓ No   |  |  |  |  |
|      | Yes. Describe  | )  |  |  |  |
| 27.  | Licenses franch  | ises, and other general  | l intangibles  |  |  |
| 21.  |  |  | ses, cooperative association holdings, liquor                            | licenses, professional licenses  |  |
|      | ✓ No   |  |  |  |  |
|      | Yes. Describe  | <b></b>  |  |  |  |
|      |  | -  |  |  |  |
|      |  |  |  |  |  |
| Mor  | ney or property  | owed to you?   |  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.                     |
|      | ney or property  Tax refunds owed  | •  |  |  | portion you own?   |
|      |  | •  |  |  | portion you own?  Do not deduct secured claims or exemptions.  |
|      | Tax refunds owed  No  Yes. Give spec   | •  | Anticipated 2016 Tax Refund  | Federal:   | portion you own? Do not deduct secured   |
|      | Tax refunds owed  No Yes. Give spee about the your already   | t to you  cific information em, including whether ady filed the returns  | Anticipated 2016 Tax Refund  | Federal:<br>State:   | portion you own?  Do not deduct secured claims or exemptions.  |
| 28.  | Tax refunds owed  No Yes. Give spee about the you alread and the   | I to you<br>cific information<br>em, including whether   | Anticipated 2016 Tax Refund  |  | portion you own? Do not deduct secured claims or exemptions.  \$700.00                                 |
| 28.  | Tax refunds owed  No Yes. Give spee about the you alread and the  Family support   | cific information<br>em, including whether<br>ady filed the returns<br>tax years                                   | Anticipated 2016 Tax Refund spousal support, child support, maintenance, | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$700.00  \$0.00  \$0.00                 |
| 28.  | Tax refunds owed  No Yes. Give spee about the you alread and the  Family support   | cific information<br>em, including whether<br>ady filed the returns<br>tax years                                   |  | State:  Local:  divorce settlement, property settlemen   | portion you own? Do not deduct secured claims or exemptions.  \$700.00  \$0.00  \$0.00                 |
| 28.  | Tax refunds owed  No Yes. Give spenabout the you alreated and the  Family support Examples: Past du  | cific information<br>em, including whether<br>ady filed the returns<br>tax years                                   |  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$700.00  \$0.00  \$0.00                 |
| 28.  | Tax refunds owed  No Yes. Give spenabout the you alreated and the  Family support Examples: Past du  | cific information em, including whether ady filed the returns tax years  |  | State:  Local:  divorce settlement, property settlemen   | portion you own? Do not deduct secured claims or exemptions.  \$700.00  \$0.00  \$0.00                 |
| 28.  | Tax refunds owed  No Yes. Give spenabout the you alreated and the  Family support Examples: Past du  | cific information em, including whether ady filed the returns tax years  |  | State: Local: divorce settlement, property settlemen Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$700.00  \$0.00  \$0.00  t              |
| 28.  | Tax refunds owed  No Yes. Give spenabout the you alreated and the  Family support Examples: Past du  | cific information em, including whether ady filed the returns tax years  |  | State: Local: divorce settlement, property settlemen Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$700.00  \$0.00  t  \$0.00  \$0.00      |
| 28.  | Tax refunds owed  No Yes. Give spenabout the you alreated and the  Family support Examples: Past du  | cific information em, including whether ady filed the returns tax years  |  | State: Local:  divorce settlement, property settlemen  Alimony:  Maintenance:  Support:  | portion you own? Do not deduct secured claims or exemptions.  \$700.00 \$0.00  \$0.00  t \$0.00 \$0.00 |
| 28.  | Tax refunds owed  No  Yes. Give spenabout the you alreated and the  Family support Examples: Past du  ✓ No  Yes. Give spenabout Signification of the support of the support Examples: Unpaid | cific information em, including whether ady filed the returns tax years e or lump sum alimony, s cific information |  | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$700.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds owed  No  Yes. Give spenabout the you alreated and the  Family support Examples: Past du  ✓ No  Yes. Give spenabout Signification of the support of the support Examples: Unpaid | cific information em, including whether ady filed the returns tax years e or lump sum alimony, s cific information | spousal support, child support, maintenance,                             | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$700.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds owed  No  Yes. Give special about the you alreated and the  Family support  Examples: Past du  ✓ No  Yes. Give special Sexamples: Unpaid Social Sections                         | cific information em, including whether ady filed the returns tax years e or lump sum alimony, s cific information | spousal support, child support, maintenance,                             | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$700.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |

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| Deb  | tor 1 Lester                                  |   | Wiley   | Case number (if known)                         |  |
|------|---|---|---|--|--|
|      | First Name                                    | Middle Name   | Last Name   |  |  |
| 31.  | Interests in insurance Examples: Health, disa |   | alth savings account (HSA); credit,                                 | homeowner's, or renter's insurance             |  |
|      | Yes. Name the ins                             |   | Company name:   | Beneficiary:                                   | Surrender or refund value:   |
| 32.  |   | ary of a living trust, expect                         | someone who has died<br>proceeds from a life insurance poli         | cy, or are currently entitled to receive       |  |
|      | Yes. Describe                                 |   |   |  |  |
| 33.  |   |   | you have filed a lawsuit or made<br>urance claims, or rights to sue | e a demand for payment                         |  |
|      | No Yes. Describe                              |   |   |  |  |
| 34.  | Other contingent an to set off claims         | d unliquidated claims of                              | f every nature, including counte                                    | rclaims of the debtor and rights               |  |
|      | ✓ No Yes. Describe                            |   |   |  |  |
| 35.  | Any financial assets                          | you did not already list                              |   |  |  |
|      | Yes. Describe                                 |   |   |  |  |
| 36.  |   | -   | m Part 4, including any entries t                                   |  | \$2700.00  |
| Part | 5: Describe Any                               | Rusiness-Related Pro                                  | operty You Own or Have an   | Interest In. List any real estate in Pa        | ort 1  |
|      |   |   |   |  |  |
| 37.  | No. Go to Part 6.  Yes. Go to line 38         |   | terest in any business-related p                                    | roperty?                                       | Current value of the portion you own? Do not deduct secured claims |
| 38.  | Accounts receivable                           | or commissions you alr                                | eady earned   |  | or exemptions  |
|      | No Yes. Describe                              |   |   |  |  |
| 39.  |   | rnishings, and supplies<br>elated computers, software | e, modems, printers, copiers, fax n                                 | nachines, rugs, telephones, desks, chairs, ele | ectronic devices   |
|      | No Yes. Describe                              |   |   |  |  |
|      |   |   |   |  | I  |

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| Deb  | tor 1 Lester                  | Wiley Case number (if known)  |  |
|------|-------------------------------|---|--|
| 1.0  | First Name                    | Middle Name Last Name   |  |
| 40.  | Machinery, fixtures, equip    | ment, supplies you use in business, and tools of your trade                             |  |
|      | <b>✓</b> No                   |   |  |
|      | Yes. Describe                 |   |  |
|      |                               |   |  |
|      |                               | <u> </u>  |  |
| 41.  | Inventory                     |   |  |
|      | <b>✓</b> No                   |   |  |
|      | Yes. Describe                 |   |  |
|      |                               |   |  |
|      |                               | <del>_</del>  |  |
| 42.  | Interests in partnerships o   | or joint ventures   |  |
|      | <b>✓</b> No                   | None of only  |  |
|      | Yes. Give specific            | Name of entity: % of ownership  | •  |
|      | information about             |   |  |
|      | them                          |   |  |
|      |                               |   |  |
|      |                               |   |  |
| 43.  | Customer lists, mailing lists | s, or other compilations  |  |
|      | <b>√</b> No                   |   |  |
|      |                               | le personally identifiable information (as defined in 11 U.S.C. § 101(41A))?            |  |
|      |                               |   |  |
|      | ☐ No                          |   |  |
|      | Yes. Describe                 |   |  |
|      |                               |   |  |
| 44.  | Any business-related prop     | erty you did not already list   |  |
|      | <b>✓</b> No                   |   |  |
|      | Yes. Give specific            |   |  |
|      | information                   |   |  |
|      |                               |   |  |
|      |                               |   |  |
|      |                               |   |  |
|      |                               |   | <u> </u>                                   |
|      |                               |   |  |
|      |                               |   | <del></del>                                |
|      |                               |   |  |
|      |                               | your entries from Part 5, including any entries for pages you have attached re          |  |
| •    |                               |   |  |
| Part |                               | <ul> <li>and Commercial Fishing-Related Property You Own or Have an Interest</li> </ul> | In.  |
|      | If you own or have an inter   | est in farmland, list it in Part 1.   |  |
| 46.  | Do you own or have any le     | gal or equitable interest in any farm- or commercial fishing-related property?          |  |
|      | No. Go to Part 7.             |   | Current value of the                       |
|      | Yes. Go to line 47.           |   | portion you own?                           |
|      | Tes. do to line 47.           |   | Do not deduct secured claims or exemptions |
| 47   | Farm animals                  |   | 5. 5.tsp.15116                             |
|      | Examples: Livestock, poultry  | y, farm-raised fish   |  |
|      | No No                         |   |  |
|      | Yes. Describe                 |   |  |
|      | L 169. Describe               |   |  |
|      |                               | <u> </u>  |  |

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| Debt         | tor 1 Lester<br>First Name     |   | /iley Cast Name          | Case number (if known)       |             |
|--------------|--------------------------------|---|--------------------------|------------------------------|-------------|
| 48.          | Crops-either growing of        |   | ast ivallie              |                              |             |
|              | ✓ No Yes. Describe             |   |                          |                              |             |
| 49.          | Farm and fishing equip         | ment, implements, machinery, fixture      | s, and tools of trade    |                              |             |
|              | <b>✓</b> No                    |   |                          |                              |             |
|              | Yes. Describe                  |   |                          |                              |             |
| 50.          | Farm and fishing suppl         | ies, chemicals, and feed                  |                          |                              |             |
|              | <b>✓</b> No                    |   |                          |                              |             |
|              | Yes. Describe                  |   |                          |                              |             |
| E 1          | Any form, and common           | rcial fishing-related property you did n  | not already list         |                              |             |
| 51.          |                                | cial listiling-related property you did i | iot already list         |                              |             |
|              | ✓ No Yes. Describe             |   |                          |                              |             |
|              |                                |   |                          |                              |             |
|              |                                | l of your entries from Part 6, including  |                          | have attached                |             |
| •            |                                |   |                          | L                            |             |
|              |                                |   |                          |                              |             |
| Part         | Z. Describe All Pro            | perty You Own or Have an Intere           | st in That You Did Not I | ist Δhove                    |             |
|              |                                | perty of any kind you did not already li  |                          |                              |             |
|              | Examples: Season tickets       | s, country club membership                |                          |                              |             |
|              | ✓ No                           |   |                          |                              |             |
|              | Yes. Give specific information |   |                          |                              |             |
|              |                                |   |                          |                              |             |
|              |                                |   |                          |                              |             |
| 54. A        | dd the dollar value of al      | I of your entries from Part 7. Write tha  | t number here            |                              | <u> </u>    |
|              |                                |   |                          |                              |             |
|              |                                |   |                          |                              |             |
|              |                                |   |                          |                              |             |
| Part         | 8: List the Totals of          | Each Part of this Form                    |                          |                              |             |
| 55. <b>F</b> | Part 1: Total real estate      | , line 2                                  |                          | <b>&gt;</b>                  |             |
| 56. <b>r</b> | part 2 total vehicles, lin     | e 5                                       | \$1995.00                |                              |             |
| 57. <b>P</b> | art 3: Total personal an       | d household items, line 15                | \$1000.00                |                              |             |
| 58. <b>P</b> | art 4: Total financial as      | sets, line 36                             | \$2700.00                |                              |             |
| 59. <b>F</b> | Part 5: Total business-re      | elated property, line 45                  |                          |                              |             |
| 60. <b>F</b> | Part 6: Total farm- and f      | ishing-related property, line 52          |                          |                              |             |
| 61. <b>F</b> | Part 7: Total other prop       | erty not listed, line 54                  |                          |                              |             |
| 62.1         | Total personal property.       | Add lines 56 through 61                   | \$5695.00                | Copy personal property total | + \$5695.00 |
|              |                                |   |                          |                              | \$5695.00   |
| 63. <b>T</b> | otal of all property on S      | chedule A/B. Add line 55 + line 62        |                          |                              |             |

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| Debtor 1            | Lester                    |             | Wiley                |
|---------------------|---------------------------|-------------|----------------------|
|                     | First Name                | Middle Name | Last Name            |
| Debtor 2            |                           |             |                      |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |
| United States E     | Bankruptcy Court for the: | Northern    | District of Illinois |
|                     |                           |             | (State)              |
| Case number         |                           |             |                      |

#### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa   | tt 1: Identify the Property You Clair  | m as Exempt   |   |   |  |  |  |
|--|--|---|---|---|--|--|--|
| 1.   | Which set of exemptions are you claim  | ing? Check one only, ev   | ven if your spouse is filing with you.  |   |  |  |  |
|  | You are claiming state and federal   | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |   |  |  |  |
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |  |   |   |   |  |  |  |
| 2.   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |   |  |  |  |
|  | Brief description of the property and line on Schedule A/B that lists this property                | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |  |  |  |
|  | Brief description: Buick Lucerne, 2006, 2006 Buick Lucerne Line from Schedule A/B: 03              | \$1,995.00  | \$1,995.00; \$0.00  100% of fair market value, up to any applicable statutory limit                 | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |  |  |  |
|  | Brief description: Checking account, Bank of America Line from                                     | \$2,000.00  | \$2,000.00  100% of fair market value, up to any applicable statutory limit                         | 735 ILCS 5/12-1001(b)                           |  |  |  |
| 3.   | ✓ No   | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |   |  |  |  |

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Wiley Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$350.00 description: **✓** \$350.00 Misc. Household Goods 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(a) Brief \$350.00 description: **✓** \$350.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$250.00 description: **✓** \$250.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$50.00 description: \$50.00 **Used Costume Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 Brief 735 ILCS 5/12-1001(b) \$700.00 description: **✓** \$700.00

100% of fair market value, up to any

applicable statutory limit

Federal, Anticipated

28

2016 Tax Refund

Line from Schedule A/B: Case 17-03827 Doc 1 Filed 02/09/17 Entered 02/09/17 15:58:16 Desc Main Document Page 22 of 68

|               |                                   | _,                            | . a.g. == 0.   |   |   |                                    |
|---------------|-----------------------------------|-------------------------------|--|---|---|------------------------------------|
| Fill in th    | is information to identify your o | case:                         |  |   |   |                                    |
| Debtor        | 1 Lester                          |                               | Wiley  |   |   |                                    |
|               | First Name                        | Middle Name                   | Last Name  |   |   |                                    |
| Debtor        |                                   |                               |  |   |   |                                    |
| (Spouse,      | if filing) First Name             | Middle Name                   | Last Name  |   |   |                                    |
| United        | States Bankruptcy Court for the:  | Northern                      | District of Illinois   |   |   |                                    |
|               |                                   |                               | (State)  |   |   |                                    |
| (If known)    |                                   |                               |  |   |   |                                    |
| , ,           | cial Form 106D                    |                               |  |   |   | Check if this is an amended filing |
| Sch           | edule D: Credi                    | tors Who Ha                   | ve Claims Secur  | ed by Prop  | erty  | 12/15                              |
| more sp       |                                   |                               | le are filing together, both are eq<br>mber the entries, and attach it to                                  | •   |   |                                    |
| 1. <b>D</b> o | any creditors have claims         | secured by your prope         | rty?   |   |   |                                    |
| V             | No. Check this box and sub        | mit this form to the court    | with your other schedules. You ha  | ve nothing else to repo   | ort on this form.                                     |                                    |
| Ē             | Yes. Fill in all of the informati | on below.                     |  |   |   |                                    |
| Part 1:       | <b>List All Secured Claims</b>    |                               |  |   |   |                                    |
| for           |                                   | editor has a particular claim | ured claim, list the creditor separately, list the other creditors in Part 2. As g to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |

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|                       | in this infor  | mation to identify your c  | ase:   |  |  |  |  |  |   |
|-----------------------|--|--|--|--|--|--|--|--|---|
| Deb                   | otor 1   | Lester<br>First Name   | Middle Name  | Wiley  |  |  |  |  |   |
| Dob                   | otor 2   | First Name   | Middle Name  | Last Name  |  |  |  |  |   |
|                       | use, if filing)  | First Name   | Middle Name  | Last Name  |  |  |  |  |   |
|                       |  |  |  |  |  |  |  |  |   |
| Unit                  | ted States B   | ankruptcy Court for the:   | Northern   | District of Illinois<br>(State   |  |  |  |  |   |
|                       | e number   |  |  | (Giate   |  |  |  |  |   |
| (If kn                | own)   |  |  |  | _  |  |  |  |   |
| Off                   | ficial F   | orm 106E/F   |  |  |  |  | Che  | eck if this is ar                                  | n amended filing                                  |
| <u>C</u>              | hod.   | .lo E/E. C.  | ditara Wha   | Hava Hr  |  | d Claima   |  |  |   |
| <b>3</b> (            | neau   | ile E/F: Gre   | ditors Who   | nave or  | isecure  | J Claims   |  |  | 12/15   |
| othe<br>Form<br>clain | r party to a<br>n 106A/B) a<br>ns that are<br>entries in t<br>vn). | any executory contracts<br>and on <i>Schedule G: Exe</i><br>listed in <i>Schedule D: C</i><br>he boxes on the left. At | ble. Use Part 1 for credits or unexpired leases that cutory Contracts and Univerself of the Continuation Pattern of the Continuation Pattern of the Continuation of th | t could result in a<br>expired Leases (O<br>s Secured by Prop          | claim. Also list e<br>fficial Form 106G<br>erty. If more space | xecutory contracts<br>). Do not include a<br>e is needed, copy | s on <i>Sched</i><br>iny creditor<br>the Part yo | ule A/B: Prop<br>rs with partia<br>ou need, fill i | perty (Official<br>ally secured<br>it out, number |
| 1.                    |  | reditors have priority un<br>Go to Part 2.   | secured claims against y   | ou?  |  |  |  |  |   |
| 2.                    | listed, ider<br>As much a<br>Continuat                             | ntify what type of claim it<br>as possible, list the claims<br>ion Page of Part 1. If mor                              | d claims. If a creditor has n is. If a claim has both prioris in alphabetical order accore than one creditor holds a claim, see the instructions   | ty and nonpriority a<br>ding to the creditor<br>particular claim, list | mounts, list that class rame. If you have the other creditors  | aim here and show<br>re more than two pr<br>in Part 3.         | both priority                                    | y and nonprio                                      | rity amounts.                                     |
|                       |  |  |  |  |  |  | Total  | Priority   | Nonpriority                                       |

claim

amount

amount

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| Debte  | or 1        | Lester Wiley   | Case number (if known)  |                                    |  |  |  |
|--------|-------------|--|---|------------------------------------|--|--|--|
|        |             | First Name Middle Name Last Name   |   |                                    |  |  |  |
| Part : | 2:          | List All of Your NONPRIORITY Unsecured Claims  |   |                                    |  |  |  |
| [      | Do 8        | any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the Yes.  | ne court with your other schedules.   |                                    |  |  |  |
| t<br>I | unse<br>f m | all of your nonpriority unsecured claims in the alphabetical ord<br>ecured claim, list the creditor separately for each claim. For each claim<br>ore than one creditor holds a particular claim, list the other creditors in<br>e of Part 2. | listed, identify what type of claim it is. Do not list claims already inc                               | cluded in Part 1. the Continuation |  |  |  |
|        |             |  |   | Total claim                        |  |  |  |
| 4.1    | No          | 7th St Depo<br>onpriority Creditor's Name<br>10 W 79th St  | Last 4 digits of account number 4562 When was the debt incurred? 5/1/2014                               | \$1,980.00                         |  |  |  |
|        | N           | umber Street   | As of the date you file, the claim is: Check all that apply.  |                                    |  |  |  |
|        | _           |  | Contingent  |                                    |  |  |  |
|        | CI          | hicago Illinois 60620  | Unliquidated  |                                    |  |  |  |
|        |             | ty State Zip Code  | <b>=</b> '  |                                    |  |  |  |
|        | W           | ho incurred the debt? Check one. Debtor 1 only   | Disputed  |                                    |  |  |  |
|        | Ľ           | <u> </u>   | Type of NONPRIORITY unsecured claim:  |                                    |  |  |  |
|        | L           | Debtor 2 only  | Student loans   |                                    |  |  |  |
|        | Ę           | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                    |  |  |  |
|        | Ł           | At least one of the debtors and another  Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify 12 InstallmentLoan    |                                    |  |  |  |
|        | L<br>Is     | the claim subject to offset?   |   |                                    |  |  |  |
|        | V           | No No  |   |                                    |  |  |  |
|        | F           | Yes  |   |                                    |  |  |  |
| 4.2    | 77          | 7th St Depo  |   | \$1,134.00                         |  |  |  |
| 7.2    | _           | onpriority Creditor's Name   | Last 4 digits of account number 4563  | Ψ1,104.00                          |  |  |  |
|        | _           | 10 W 79th St   | When was the debt incurred? $\frac{7/1/2014}{}$   |                                    |  |  |  |
|        | INI         | umber Street   | As of the date you file, the claim is: Check all that apply.  |                                    |  |  |  |
|        | _           |  | Contingent  |                                    |  |  |  |
|        | _           | hicago Illinois 60620  | Unliquidated  |                                    |  |  |  |
|        |             | ity State Zip Code  'ho incurred the debt? Check one.  | Disputed  |                                    |  |  |  |
|        | Ī           | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                                    |  |  |  |
|        | F           | Debtor 2 only  |   |                                    |  |  |  |
|        | F           | Debtor 1 and Debtor 2 only   | Student loans   |                                    |  |  |  |
|        | F           | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                    |  |  |  |
|        | F           | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts                                       |                                    |  |  |  |
|        | L<br>Is     | the claim subject to offset?   | Other. Specify 12 InstallmentLoan   |                                    |  |  |  |
|        | Į.          | <b>7</b>   | <u> </u>  |                                    |  |  |  |
|        | È           | Yes  |   |                                    |  |  |  |
|        |             | -  |   |                                    |  |  |  |
| 4.3    | _           | APITAL ONE onpriority Creditor's Name  | Last 4 digits of account number 8964  | \$151.00                           |  |  |  |
|        | Р           | O Box 30253  | When was the debt incurred? 10/1/2016   |                                    |  |  |  |
|        | Nı          | umber Street   | As of the date you file, the claim is: Check all that apply.  |                                    |  |  |  |
|        | _           |  | Contingent  |                                    |  |  |  |
|        | _           | alt Lake City Utah 84130<br>ity State Zip Code   | Unliquidated Disputed   |                                    |  |  |  |
|        |             | ho incurred the debt? Check one.   |   |                                    |  |  |  |
|        | ~           | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                                    |  |  |  |
|        | Γ           | Debtor 2 only  | Student loans   |                                    |  |  |  |
|        | F           | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or  |                                    |  |  |  |
|        | F           | At least one of the debtors and another  | divorce that you did not report as priority claims  |                                    |  |  |  |
|        | F           | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts                                       |                                    |  |  |  |
|        | ∟<br>Is     | the claim subject to offset?   | Other. Specify CreditCard   |                                    |  |  |  |
|        | V           | T  |   |                                    |  |  |  |
|        | Ė           | Yes  |   |                                    |  |  |  |

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Wilev Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 \$76.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5/1/2014 501 Greene Street # 302 Number As of the date you file, the claim is: Check all that apply. Contingent 30901 Georgia Augusta Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **| ORIGINAL CREDITOR: 10 ✓** No COMMONWEALTH EDISON COMPANY Other. Specify Yes Christ Hospital \$1.00 Last 4 digits of account number Nonpriority Creditor's Name 2139 Aubum Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 45219 Ohio Cincinnati City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Medical Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes Consumer Portfolio Services 4.6 \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 333 E Butterfield Road Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60148 Lombard City Zip Code State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only  $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only

**✓** No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts

Other. Specify \_\_

divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar

**OLD REPO** 

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Wilev Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 CONVERGENT OUTSOURCING \$199.00 Last 4 digits of account number 0944 Nonpriority Creditor's Name Po Box 9004 When was the debt incurred? 3/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent Renton Washington 98057 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: **✓** No Other. Specify COMCAST Yes 4.8 KOHLS/CAPONE \$246.00 Last 4 digits of account number 2072 Nonpriority Creditor's Name N56 W17000 Ridgewood Drive When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Menomonee Falls Wisconsin 53051 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes KOHLS/CAPONE 4.9 \$178.00 Last 4 digits of account number Nonpriority Creditor's Name N56 W17000 Ridgewood Drive When was the debt incurred? 7/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent 53051 Menomonee Falls Wisconsin Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another

No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts
Other. Specify \_

Debts to pension or profit-sharing plans, and other similar

CreditCard

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Wilev Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** NCB MANAGEMENT SERVICE 4.10 \$14,618.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 12/1/2016 1 ALLIED DR Street Number As of the date you file, the claim is: Check all that apply. Contingent <u>Penn</u>sylvania **TREVOSE** 19053 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 001 UnknownLoanType Is the claim subject to offset? **✓** No Yes 4.11 South Suburban Hospital \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 17800 Kedzie Ave. Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Hazel Crest 60429 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ Medical Is the claim subject to offset? **✓** No Yes TARGET/TD 4.12 \$462.00 Last 4 digits of account number 8658 Nonpriority Creditor's Name P.O. Box 660170 When was the debt incurred? 5/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 75266 Dallas Texas Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_\_\_\_ CreditCard Is the claim subject to offset? **✓** No

Yes

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| otor 1 Lester First Name                          | Middle                                     | Will<br>Name Las    | ey Case number (if known) Name  |
|---|--|---------------------|---|
| t 2: Your NONPF                                   | RIORITY Unsecured                          | d Claims - Continua | tion Page   |
| After listing any                                 | entries on this page,                      | number them beginni | ng with 4.5, followed by 4.6, and so forth.  Total claim  |
| TMobile Nonpriority Credit P.O. Box 742596 Number |  |                     | Last 4 digits of account number \$1.00  When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply. |
| Cincinnati<br>Citv                                | Ohio<br>State                              | 45274<br>Zip Code   | Contingent Unliquidated Disputed  |
|   | e debt? Check one.                         | 219 0000            | Type of NONPRIORITY unsecured claim:  |
| Debtor 2 online                                   | y<br>I Debtor 2 only                       |                     | Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |
| At least one                                      | of the debtors and anoth                   | her                 | Debts to pension or profit-sharing plans, and other similar debts   |
| ☐ Check if thi                                    | s claim relates to a co<br>ject to offset? | ommunity debt       | Other. Specify Cell Phone   |
| Yes   |  |                     |   |

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| Debtor 1  | Lester<br>First Name  | N          | liddle Name | Wiley<br>Last Name   | Case number (if known)                                |  |  |  |  |  |  |
|---|---|------------|-------------|--|---|--|--|--|--|--|--|
| art 3:  | rt 3: List Others to Be Notified About a Debt That You Already Listed |            |             |  |   |  |  |  |  |  |  |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |   |            |             |  |   |  |  |  |  |  |  |
| Nam   | Iland Credit Manag<br>ne  | gement     |             | On which entry in Part 1 or Part 2 did you list the original creditor? |   |  |  |  |  |  |  |
|   | 2365 Northside Dr # 300   |            |             | Line <u>4.13</u> of <i>(Cl</i>   | heck Part 1: Creditors with Priority Unsecured Claims |  |  |  |  |  |  |
| Nur   | mber Street   |            | one):       | Part 2: Creditors with Nonpriority Unsecured Claims                    |   |  |  |  |  |  |  |
| San   | Diego   | California | 92108       | Last 4 digits of account   | number  |  |  |  |  |  |  |
| City  | '   | State      | Zip Code    |  |   |  |  |  |  |  |  |

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Wiley Case number (if known) Debtor 1 Lester

| First Nar   | ne Middle Name Last Name   |     |              |  |  |  |  |
|---|--|-----|--------------|--|--|--|--|
| Part 4: Add th  | e Amounts for Each Type of Unsecured Claim   |     |              |  |  |  |  |
| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § Add the amounts for each type of unsecured claim. |  |     |              |  |  |  |  |
|   |  |     | Total claims |  |  |  |  |
| Total claims<br>from Part 1   | 6a. Domestic support obligations.  | 6a. | \$0.00       |  |  |  |  |
|   | 6b. Taxes and certain other debts you owe the government   |     | \$0.00       |  |  |  |  |
|   | 6c. Claims for death or personal injury while you were intoxicated   | 6c. | \$0.00       |  |  |  |  |
|   | 6d. Other. Add all other priority unsecured claims. Write that amount here.  | 6d. | \$0.00       |  |  |  |  |
|   | 6e. Total. Add lines 6a through 6d.  | 6e. | \$0.00       |  |  |  |  |
|   |  |     | Total claims |  |  |  |  |
| Total claims<br>from Part 2   | 6f. Student loans  | 6f. | \$0.00       |  |  |  |  |
|   | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims      6h. Debts to pension or profit-sharing plans, and other similar debts |     | \$0.00       |  |  |  |  |
|   |  |     | \$0.00       |  |  |  |  |
|   | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.   | 6i. | \$19,048.00  |  |  |  |  |
|   | 6j. Total. Add lines 6f through 6i.  | 6j. | \$19,048.00  |  |  |  |  |

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| Debtor 1            | Lester                    | Wiley       |                      |  |
|---------------------|---------------------------|-------------|----------------------|--|
|                     | First Name                | Middle Name | Last Name            |  |
| Debtor 2            |                           |             |                      |  |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |  |
| United States B     | Bankruptcy Court for the: | Northern    | District of Illinois |  |
|                     |                           |             | (State)              |  |
| Case number         |                           |             |                      |  |
| (If known)          |                           |             |                      |  |

#### Official Form 106G

| Check if this is an |
|---------------------|
| amended filing      |

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or compa           | any with whom you have | e the contract or lease | State what the contract or lease is for              |
|---------------------------|------------------------|-------------------------|--|
| .1 Unknown , Unknown Name | own                    |                         | Residential Lease,<br>Other,<br>Month to Month Lease |
| Number                    | Street                 |                         |  |
| City                      | State                  | Zip Code                |  |

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|                                 |  | Do                             | cument i               | age 32 or o      | O .   |
|---------------------------------|--|--------------------------------|------------------------|------------------|---|
| Fill in this info               | rmation to identify your ca                            | ase:                           |                        |                  |   |
| Debtor 1                        | Lester   |                                | Wiley                  |                  |   |
|                                 | First Name   | Middle Name                    | Last Name              |                  |   |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name                    | Last Name              |                  |   |
| United States                   | Bankruptcy Court for the:                              | Northern                       | District of Illinois   |                  |   |
| Casa number                     |  |                                | (State)                |                  |   |
| Case number (If known)          |  |                                |                        |                  |   |
|                                 |  |                                |                        |                  | Check if this is an   |
| O ((; ; )                       | <b>5</b> 40011   |                                |                        |                  | amended filing  |
| Official                        | Form 106H  |                                |                        |                  |   |
| Schodul                         | le H: Your Cod   | lohtors                        |                        |                  | 12/15   |
| Scriedu                         | le n. Tour Cou   | ienioi 2                       |                        |                  | 12/13   |
| the entries in<br>known). Answ  | the boxes on the left. At er every question.           | tach the Additional Page       | to this page. On th    | e top of any Add | eded, copy the Additional Page, fill it out, and number ditional Pages, write your name and case number (if |
| 1. Do you ha                    | ave any codebtors? (If yo                              | ou are filing a joint case, do | not list either spouse | as a codebtor.)  |   |
|                                 | ne last 8 years, have you<br>puisiana, Nevada, New Mex |                                |                        |                  | y property states and territories include Arizona, California,  |
| ✓ No.                           | Go to line 3.  |                                |                        |                  |   |
| Yes                             | s. Did your spouse, forme                              | r spouse, or legal equiva      | lent live with you at  | the time?        |   |
|                                 | No   |                                |                        |                  |   |
|                                 | Yes. In which community                                | y state or territory did you   | ı live?                | Fill in the      | e name and current address of that person.  |
|                                 | Name of your spouse, for                               | ormer spouse, or legal equ     | ivalent                |                  |   |
|                                 | <del> </del>   |                                |                        |                  |   |
|                                 | Number Street  |                                |                        |                  |   |
|                                 | City   | State                          | Ziŗ                    | Code             |   |
|                                 |  |                                |                        |                  |   |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line a again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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|   |  | 20  | 040116                | . ago           | . Jo               |  |                        |
|---|--|---|-----------------------|-----------------|--------------------|--|------------------------|
| Fill in this                            | information to identify                                | your case:  |                       |                 |                    |  |                        |
| Debtor 1                                | Lester   |   | Wiley                 |                 |                    |  |                        |
|   | First Name   | Middle Name   | Last N                | lame            | c                  | heck if this is:   |                        |
| Debtor 2                                | iling) First Name                                      | Middle Noves  | Loot N                | lowe            | _                  | An amended filing  |                        |
| (Spouse, ii i                           | IIIII9) First Name                                     | Middle Name   | Last N                |                 |                    | A supplement showing p   | ost-potition chapter 1 |
| United Sta<br>the:<br>Case numl         | ites Bankruptcy Court for                              | Northern  | District of III       | inois<br>State) | _   -              | expenses as of the follow  |                        |
| (If known)                              |  |   |                       |                 |                    | MM / DD / YYYY   |                        |
| Officia                                 | al Form 106I   |   |                       |                 |                    |  |                        |
| Sched                                   | lule I: Your In  | come  |                       |                 |                    |  | 12/1                   |
| information<br>spouse. If<br>number (in | on about your spouse. I                                | f you are separated an<br>l, attach a separate she<br>y question. | d your spou           | se is not fi    | ing with you, d    | our spouse is living with lo not include informati litional pages, write you | on about your          |
|   | your employment  |   | Debtor 1              |                 |                    | Debtor 2   |                        |
| inform                                  | nation.  | Employment status   | Emplo                 | nved            |                    | Employed   |                        |
| attach                                  | have more than one job, a separate page with           |   |                       | mployed         |                    | Not Employed   |                        |
| inform<br>employ                        | ation about additional<br>yers.                        | Occupation  | _                     |                 |                    | _  |                        |
|   | e part time, seasonal, or                              | Employer's name   |                       |                 |                    |  |                        |
|   | nployed work.  | Employer's address  |                       |                 |                    |  |                        |
|   | eation may include student nemaker, if it applies.     |   | Number St             | Number Street   |                    | Number Street  |                        |
|   |  |   |                       |                 |                    |  |                        |
|   |  |   | City                  |                 | State Zip Code     | City   | State Zip Code         |
|   |  | How long employed there?  |                       |                 |                    |  |                        |
| Part 2:                                 | Give Details About N                                   | Monthly Income  |                       |                 |                    |  |                        |
|   |  | the date you file this for  | <b>n.</b> If you have | nothing to r    | eport for any line | e, write \$0 in the space. Inc   | lude your non-filing   |
| · •                                     | nless you are separated.<br>your non-filing spouse hav | e more than one employer,   | , combine the         | information     | for all employers  | for that person on the line  | s below. If you need   |
| more spa                                | ace, attach a separate she                             | et to this form.  |                       |                 | or Debtor 1        | For Debtor 2 or  |                        |
|   |  | ary, and commissions (before, calculate what the monthly          |                       | 2.              | \$0.00             | non-filing spouse  | -                      |
| 3. Estir                                | mate and list monthly ove                              | rtime pay.  |                       | 3.              | + \$0.00           |  | _                      |
| 4. Calc                                 | culate gross income. Add l                             | ine 2 + line 3.   |                       | 4.              | \$0.00             |  | _                      |
|   |  |   |                       | 1               |                    | -1 1 <del></del>   | — 1                    |

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| Debtor 1Lester  | Wiley                  | Case number (if              |                |                         |
|---|------------------------|------------------------------|----------------|-------------------------|
| First Name Middle Name  | Last Name              | known)                       | Debtor 2 or    |                         |
|   |                        |                              | -filing spouse |                         |
| Copy line 4 here  | <b>→</b> 4.            | \$0.00                       |                |                         |
| 5. List all payroll deductions:   |                        |                              |                |                         |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.                    | \$0.00                       |                |                         |
| 5b. Mandatory contributions for retirement plans  | 5b.                    | \$0.00                       |                |                         |
| 5c. Voluntary contributions for retirement plans  | 5c.                    | \$0.00                       |                |                         |
| 5d. Required repayments of retirement fund loans  | 5d.                    | \$0.00                       |                |                         |
| 5e. Insurance   | 5e.                    | \$0.00                       |                |                         |
| 5f. Domestic support obligations  | 5f.                    | \$0.00                       |                |                         |
| 5g. <b>Union dues</b>   | 5g.                    | \$0.00                       |                |                         |
| 5h. Other deductions. Specify:  | 5h. +                  | \$0.00 +                     |                |                         |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5h$ .  | +5f + 5g 6.            | \$0.00                       |                |                         |
| 7. Calculate total monthly take-home pay. Subtract line 6 from I  | ine 4. 7.              | \$0.00                       |                |                         |
| 8. List all other income regularly received:  |                        |                              |                |                         |
| 8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing   |                        |                              |                |                         |
| gross receipts, ordinary and necessary business expenses, a the total monthly net income.   | nd<br>8a.              | \$0.00                       |                |                         |
| 8b. Interest and dividends  | 8b.                    | \$0.00                       |                |                         |
| 8c. Family support payments that you, a non-filing spouse, dependent regularly receive  |                        |                              |                |                         |
| Include alimony, spousal support, child support, maintenand divorce settlement, and property settlement.  | 8c.                    | \$0.00                       |                |                         |
| 8d. Unemployment compensation   | 8d.                    | \$0.00                       |                |                         |
| 8e. Social Security   | 8e.                    | \$1,423.00                   |                |                         |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (bene under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: |                        | \$0.00                       |                |                         |
| 8g. Pension or retirement income  | 8g.                    | \$1,273.12                   |                |                         |
| 8h. Other monthly income. Specify:  | 8h. +                  | \$0.00 +                     |                |                         |
| 9. Add all other income Add lines $8a + 8b + 8c + 8d + 8e + 8f + 8$   | g + 8h. 9.             | \$2,696.12                   |                |                         |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing  | spouse                 | \$2,696.12 +                 | =              | \$2,696.12              |
| 11. State all other regular contributions to the expenses that y Include contributions from an unmarried partner, members of your friends or relatives. Do not include any amounts already included in lines 2-10 or an   | ur household, your d   | ependents, your roommates, a |                |                         |
| Specify:  |                        |                              | 11. +          | \$0.00                  |
| 12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical  |                        |                              |                | \$2,696.12              |
|   |                        |                              |                | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after No.   | er you file this form? |                              |                |                         |
| Yes. Explain:   |                        |                              |                |                         |
|   |                        |                              |                |                         |

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|                                    |  | Docu   | iment Page 35 of 68   | 3                                   |  |
|------------------------------------|--|--|---|-------------------------------------|--|
| Fill in this infor                 | mation to identify your                            | case:  |   |                                     |  |
| Debtor 1                           | Lester<br>First Name                               | Middle Name  | Wiley<br>Last Name  |                                     |  |
| Debtor 2                           |  |  |   | Check if this is:  An amended filir | na   |
| (Spouse, if filing)                | First Name   | Middle Name  | Last Name   | 브                                   | howing post-petition chapter 13                  |
| United States E                    | Bankruptcy Court for the:                          | Northern [   | District of Illinois (State)  |                                     | the following date:                              |
| Case number<br>(If known)          |  |  |   | MM / DD / YYYY                      | <del>/                                    </del> |
| Official                           | Form 106J  |  |   |                                     |  |
| Schedul                            | e J: Your Exp                                      | enses  |   |                                     | 12/15  |
| information. If                    | -  |  | re filing together, both are equall form. On the top of any additions |                                     |  |
| Part 1: Des                        | cribe Your Househo                                 | ld   |   |                                     |  |
| 1. Is this a joi                   | nt case?   |  |   |                                     |  |
| ✓ No. Go                           | to line 2  |  |   |                                     |  |
| Yes. Do                            | oes Debtor 2 live in a s                           | eparate household?                                       |   |                                     |  |
| _ г                                | No   |  |   |                                     |  |
| Ī                                  | Yes. Debtor 2 must fi                              | le Official Forms 106J-2, <i>Expen</i>                   | nses for Separate Household of Debt                                   | or 2.                               |  |
| 2. Do you hav                      | e dependents?                                      | 0  |   |                                     |  |
| Do not list D<br>Debtor 2.         |  | es. Fill out this information for ach dependent          | Dependent's relationship to<br>Debtor 1 or Debtor 2                   | Dependent's age                     | Does dependent live with you?                    |
| expenses of                        | penses include<br>f people other                   | 0  |   |                                     |  |
| than<br>yourself and<br>dependents |  | es   |   |                                     |  |
| Part 2: Estil                      | mate Your Ongoing                                  | Monthly Expenses   |   |                                     |  |
| _                                  | of a date after the bank                           |  | rou are using this form as a suppl<br>plemental Schedule J, check the | •                                   | -  |
|                                    | -  | cash government assistance it on Schedule I: Your Income | -   |                                     | Your expenses                                    |
|                                    | or home ownership expression the ground or lot. 4. | <b>xpenses for your residence.</b> In                    | clude first mortgage payments and                                     |                                     | <b>\$700.00</b>                                  |
| If not incl                        | uded in line 4:                                    |  |   |                                     |  |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Lester Wiley Case number (if known)
First Name Middle Name Last Name

|   |            | Your expenses |
|---|------------|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.         | \$0.00        |
| 6. Utilities:   |            |               |
| 6a. Electricity, heat, natural gas  | 6a.        | \$350.00      |
| 6b. Water, sewer, garbage collection  | 6b.        | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.        | \$250.00      |
| 6d. Other. Specify:   | 6d         | \$0.00        |
| 7. Food and housekeeping supplies   | 7.         | \$400.00      |
| 8. Childcare and children's education costs   | 8.         | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.         | \$165.00      |
| 10. Personal care products and services   | 10.        | \$160.00      |
| 11. Medical and dental expenses   | 11.        | \$150.00      |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments                                      | 12.        | \$350.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.        | \$0.00        |
| 14. Charitable contributions and religious donations  | 14.        | \$50.00       |
| <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul>                    |            |               |
| 15a. Life insurance   | 15a        | \$0.00        |
| 15b. Health insurance   | 15b        | \$0.00        |
| 15c. Vehicle insurance  | 15c        | \$130.00      |
| 15d. Other insurance. Specify:  | 15d        | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |            |               |
| Specify:  | 16         | \$0.00        |
| 17. Installment or lease payments:  | 10         |               |
| 17a. Car payments for Vehicle 1   | 17a        | \$0.00        |
| 17b. Car payments for Vehicle 2   | 17b        | \$0.00        |
| 17c. Other. Specify:  | 17c        | \$0.00        |
| 17d. Other. Specify:  | 17d        | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from   |            | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.        |               |
| 19. Other payments you make to support others who do not live with you.  Specify:   |            |               |
|   | 19.        | \$0.00        |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property | 20a        | \$0.00        |
| 20b. Real estate taxes.   | 20a<br>20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20c        | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  | 20d        | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20u<br>20e | \$0.00        |
|   | 208        | φυ.υυ         |

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| Debtor 1 Leste        |                         |                          | Wiley   | Case number (if known) |     |              |
|-----------------------|-------------------------|--------------------------|---|------------------------|-----|--------------|
| First N               | lame                    | Middle Name              | Last Name   |                        |     |              |
| 21. <b>Other.</b> Spe | cify:                   |                          |   |                        | 21  | \$0.00       |
|                       |                         |                          |   |                        |     |              |
|                       | your monthly expense    | es.                      |   |                        |     | \$2,705.00   |
|                       | nes 4 through 21.       |                          |   |                        |     | \$0.00       |
| . ,                   | ` , ,                   | ,, ,,                    | from Official Form 106J-2                                   |                        |     | \$2,705.00   |
| 22c. Add lir          | ie 22a and 22b. The re  | sult is your monthly exp | enses.  |                        | 22. |              |
| 23. Calculate         | your monthly net inco   | ome.                     |   |                        |     |              |
| 23a. Copy             | ine 12 (your combined   | monthly income) from S   | Schedule I.   |                        | 23a | \$2,696.12   |
| 23b. Copy             | your monthly expenses   | s from line 22 above.    |   |                        | 23b | \$2,705.00   |
|                       |                         | ses from your monthly in | ncome.  |                        |     | (\$8.88)     |
| The re                | sult is your monthly ne | et income.               |   |                        | 23c | <del>`</del> |
|                       |                         |                          | oan within the year or do y<br>nodification to the terms of |                        |     |              |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Lester                    | Wiley       |                              |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)                      |  |  |  |  |  |

### Official Form 106Dec

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | Sign Below   |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to                                    | help you fill out bankruptcy forms?   |
|     | <b>✓</b> No  |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| x   | /s/ Lester Wiley   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 2/9/2017  | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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| Fill in         | n this inf     | formation to i  | dentify your c  | ase:               |                    |                        |                 |          |   |  |
|-----------------|----------------|-----------------|-----------------|--------------------|--------------------|------------------------|-----------------|----------|---|--|
| Deb             | tor 1          | Lester          |                 |                    |                    | Wiley                  |                 |          |   |  |
| Deb             | tor 2          | First Nam       | ie              | Middle             | Name               | Last Name              |                 |          |   |  |
|                 | use, if filing | First Nam       | ie              | Middle             | Name               | Last Name              |                 |          |   |  |
| Unit            | ed States      | s Bankruptcy    | Court for the:  | Northern           | Distric            | ct of Illinois (State) |                 |          |   |  |
| Case<br>(If kno | e numbe        | er              |                 |                    |                    | (Glaic)                |                 |          |   |  |
|                 | •              | L Cawaa         | 107             |                    |                    |                        |                 | _        |   | Check if this is a amended filing      |
| OI              | iicia          | I Form          | 107             |                    |                    |                        |                 |          |   | amended illing                         |
|                 |                |                 |                 |                    | or Individ         |                        |                 |          |   | 12/1                                   |
| infor           | mation         | ı. If more sp   |                 | d, attach a sep    |                    |                        |                 |          |   | upplying correct<br>your name and case |
| Pari            | 1: Gi          | ve Details      | About Your      | Marital Status     | and Where Yo       | ou Lived Be            | efore           |          |   |  |
| 1.              | What           | is your curre   | ent marital sta | itus?              |                    |                        |                 |          |   |  |
|                 | ✓ N            | /larried        |                 |                    |                    |                        |                 |          |   |  |
|                 | 벌.             | lot married     |                 |                    |                    |                        |                 |          |   |  |
| 2.              | During         | g the last 3 y  | ears, have yo   | u lived anywher    | e other than whe   | ere you live :         | now?            |          |   |  |
|                 |                | lo              |                 |                    |                    |                        |                 |          |   |  |
|                 | ✓ Y            | es. List all of | the places yo   | u lived in the las | t 3 years. Do not  | include whe            | ere you live no | OW.      |   |  |
|                 | D              | Debtor 1:       |                 |                    | Dates Debtor there | 1 lived                | Debtor 2:       |          |   | Dates Debtor 2 lived there             |
|                 |                |                 |                 |                    | tnere              |                        |                 |          |   | there                                  |
|                 |                |                 |                 |                    |                    |                        | Same as         | Debtor 1 |   | Same as Debtor 1                       |
|                 | _              | 320 S 12th a    | ve              |                    | From               |                        | Number Stree    | †        |   | From                                   |
|                 | _              | tumbor Guodi    |                 |                    | То                 |                        |                 |          |   | То                                     |
|                 | _              | Broadview       | Illinois        | 60155              |                    |                        |                 |          |   |  |
|                 |                | Dity            | State           | Zip Code           |                    |                        | City            | State    | Zip Code  | Come as Debter 1                       |
|                 |                |                 |                 |                    |                    |                        | Same as         | Debtor 1 |   | Same as Debtor 1                       |
|                 | N              | lumber Street   |                 |                    | From               |                        | Number Stree    | t        |   | From                                   |
|                 | _              |                 |                 |                    | То                 |                        |                 |          |   | To                                     |
|                 | <u>-</u>       | Dity            | State           | Zip Code           |                    |                        | City            | State    | Zip Code  |  |
|                 |                |                 |                 |                    |                    |                        |                 |          |   |  |
| 3.              |                |                 |                 |                    |                    |                        |                 |          | <b>e or territory?</b> <i>(Co</i><br>n, and Wisconsin.) | mmunity property states                |
|                 | <b>✓</b> No    | 1               |                 |                    |                    |                        |                 |          |   |  |
|                 |                | s. Make sure    | you fill out So | chedule H: Your    | Codebtors (Offic   | cial Form 106          | 6H).            |          |   |  |

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Wiley Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions exclusions) and exclusions) Est. 2017 SS Income \$1,557.00 From January 1 of current year until Est. 2017 Gross the date you filed for bankruptcy: Pension Income \$1,358.00 Est. 2016 SS Income \$18,684.00 For last calendar year: Est. 2016 Gross (January 1 to December 31, 2016 Pension Income \$16,306.92 Est. 2015 SS Income \$18,684.00 For the calendar year before that: Est. 2015 Gross (January 1 to December 31, 2015 Pension Income \$16,306.92

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Wiley Debtor 1 Lester Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| tor '              | 1 Lester                                   |  |   | Wi                                       | ley   | Case number                                  | (if known)   |
|--------------------|--|--|---|--|---|--|--|
|                    | First Name                                 |  | Middle Name   | Las                                      | st Name                                     |  |  |
| Insi<br>cor<br>age | iders include your r<br>porations of which | elatives; a<br>you are a<br>or a busin | ny general partners<br>n officer, director, p<br>ess you operate as | ; relatives of any<br>person in control, | general partners; par<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? /ou are a general partner; g securities; and any managing r domestic support obligations,  |
| <b>✓</b>           | No   |  |   |  |   |  |  |
|                    | Yes. List all payn                         | nents to a                             | ın insider.   | Dates of                                 | Total amount                                | Amount you                                   | Reason for this payment  |
|                    |  |  |   | payment                                  | paid  | still owe                                    | neason for this payment  |
|                    | Insider's Name                             |  |   |  |   |  |  |
|                    | Number Street                              |  |   |  |   |  |  |
|                    | City                                       | State                                  | Zip Code  |  |   |  |  |
|                    | Insider's Name                             |  |   |  |   |  |  |
|                    | Number Street                              |  |   |  |   |  |  |
|                    | - Trumber officer                          |  |   |  |   |  |  |
|                    | City                                       | State                                  | Zip Code  |  |   |  |  |
| insi               | der?<br>ude payments on d                  | debts gua                              |   | d by an insider.                         | Total amount paid                           | Amount you still owe                         | Reason for this payment  Include creditor's name   |
|                    | Insider's Name                             |  |   |  |   |  |  |
|                    | Number Street                              |  |   |  |   |  |  |
|                    | City                                       | State                                  | Zip Code  |  |   |  |  |
|                    | Insider's Name                             |  |   |  |   |  |  |
|                    | Number Street                              |  |   |  |   |  |  |
|                    | City                                       |  |   |  |   |  |  |
|                    |  | State                                  | Zip Code  |  |   |  | The state of the s |

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Wiley Debtor 1 Lester Case number (if known) Middle Name First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | or 1                 | Lester  |                        | Wiley                     | Case number (if known          | )                        |                     |
|------|----------------------|---|------------------------|---------------------------|--------------------------------|--------------------------|---------------------|
|      |                      | First Name  | Middle Name            | Last Name                 |                                |                          |                     |
| 11.  |                      | hin 90 days before you file<br>counts or refuse to make a |                        |                           | pank or financial institution, | set off any amou         | unts from your      |
|      | <b>V</b>             | No  |                        |                           |                                |                          |                     |
|      | H                    |   |                        |                           |                                |                          |                     |
|      | Ш                    | Yes. Fill in the details.                                 |                        |                           |                                |                          |                     |
|      |                      |   |                        | Describe the action the   | e creditor took                | Date action was taken    | Amount              |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      | Creditor's Name   |                        |                           |                                |                          |                     |
|      |                      | Number Street   |                        |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      |   |                        | Last 4 digits of account  | number: XXXX-                  |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      | City State  | Zip Code               |                           |                                |                          |                     |
|      |                      | City State  | Zip Code               |                           |                                |                          |                     |
| 12.  |                      | nin 1 year before you filed<br>ointed receiver, a custod  |                        |                           | possession of an assignee for  | or the benefit of        | creditors, a court- |
|      |                      | No  |                        |                           |                                |                          |                     |
|      | $oldsymbol{\square}$ | No  |                        |                           |                                |                          |                     |
|      |                      | Yes   |                        |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
| Part | 5:                   | List Certain Gifts and                                    | Contributions          |                           |                                |                          |                     |
| 13.  | Wit                  | thin 2 years before you fil                               | ed for bankruptcy, did | you give any gifts with a | otal value of more than \$60   | 0 per person?            |                     |
|      | <b>✓</b>             | No  |                        |                           |                                |                          |                     |
|      | ¥                    |   |                        |                           |                                |                          |                     |
|      |                      | Yes. Fill in the details for                              | each gilt.             |                           |                                |                          |                     |
|      |                      | Gifts with a total value of per person                    | of more than \$600     | Describe the gifts        |                                | Dates you gave the gifts | Value               |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      | - 11/1 1/1 0  |                        |                           |                                |                          |                     |
|      |                      | Person to Whom You Gav                                    | e the Gift             |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      | Number Street   |                        |                           |                                |                          |                     |
|      |                      | 0::   |                        |                           |                                |                          |                     |
|      |                      | City State  | Zip Code               |                           |                                |                          |                     |
|      |                      | Person's relationship to yo                               | u                      |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      | Person to Whom You Gav                                    | to the Cift            |                           |                                |                          |                     |
|      |                      | Person to whom You Gav                                    | e trie Giit            |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      | Number Street   |                        |                           |                                |                          |                     |
|      |                      |   |                        |                           |                                |                          |                     |
|      |                      | City State  | 7'- 01-                |                           |                                |                          |                     |
|      |                      | City State  | Zip Code               |                           |                                |                          |                     |
|      |                      | Person's relationship to yo                               |                        |                           |                                |                          |                     |

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|       | Lester  | Wiley  | Case number (if know        | vn)                               |                        |
|-------|---|--|-----------------------------|-----------------------------------|------------------------|
|       | First Name Middle Name  | Last Name  |                             |                                   |                        |
|       |   |  |                             |                                   |                        |
| . Wi  | thin 2 years before you filed for bankruptcy  | , did you give any gifts or contribut  | tions with a total value    | of more than \$600                | to any charity?        |
|       | l No  |  |                             |                                   |                        |
| ✓     |   |  |                             |                                   |                        |
|       | Yes. Fill in the details for each gift or contri  | ibution.   |                             |                                   |                        |
|       | Gifts or contributions to charities   | Describe what you contril  | outed                       | Date you                          | Value                  |
|       | that total more than \$600  | Docombo unat you contin  | Juliou                      | contributed                       | valuo .                |
|       | and total more than 4000  |  |                             |                                   |                        |
|       |   |  |                             |                                   |                        |
|       | Charity's Name  |  |                             |                                   |                        |
|       |   |  |                             |                                   |                        |
|       |   |  |                             |                                   |                        |
|       | Number Street   | <del></del>  |                             |                                   |                        |
|       |   |  |                             |                                   |                        |
|       | City State Zip Code   |  |                             |                                   |                        |
|       | on, one <u>in</u> ocus  |  |                             | ]                                 |                        |
| rt 6: | List Certain Losses   |  |                             |                                   |                        |
| gai   | nbling?  No  Yes. Fill in the details.  |  |                             |                                   |                        |
|       | Describe the property you lost and how the loss occurred  | Describe any insurance c<br>Include the amount that ins<br>pending insurance claims o  | urance has paid. List       | Date of your loss                 | Value of property lost |
|       |   | A/B: Property.   |                             |                                   |                        |
|       |   |  |                             |                                   |                        |
|       |   |  |                             |                                   |                        |
| rt 7. | List Certain Payments or Transfers  |  |                             |                                   |                        |
| abo   | chin 1 year before you filed for bankruptcy, out seeking bankruptcy or preparing a bank   | cruptcy petition?  |                             |                                   | anyone you consulted   |
| abo   | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No   | cruptcy petition?  |                             |                                   | anyone you consulted   |
| abo   | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare   | kruptcy petition?<br>ers, or credit counseling agencies for s  | services required in your b | ankruptcy.                        |                        |
| abo   | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No   | cruptcy petition?  | services required in your b | Date payment or transfer          | Amount of payment      |
| abo   | out seeking bankruptcy or preparing a bank<br>lude any attorneys, bankruptcy petition prepare<br>No<br>Yes. Fill in the details.  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | out seeking bankruptcy or preparing a banklude any attorneys, bankruptcy petition prepare  No  Yes. Fill in the details.  Semrad Law Firm   | cruptcy petition? ers, or credit counseling agencies for s  Description and value of a   | services required in your b | Date payment or transfer          | Amount of              |
| abo   | out seeking bankruptcy or preparing a banklude any attorneys, bankruptcy petition prepare  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | out seeking bankruptcy or preparing a banklude any attorneys, bankruptcy petition prepare  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | out seeking bankruptcy or preparing a banklude any attorneys, bankruptcy petition prepare  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | out seeking bankruptcy or preparing a banklude any attorneys, bankruptcy petition prepare  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for agencies for the counseling agencies for agencies  | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Was Paid 11101 S. Wastern Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid   | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for a counselin | services required in your b | Date payment or transfer was made | Amount of payment      |
| abo   | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Was Paid 11101 S. Wastern Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code | cruptcy petition?  ers, or credit counseling agencies for some person of the counseling agencies for the counseling agencies for agencies for the counseling agencies for agencie | services required in your b | Date payment or transfer was made | Amount of payment      |

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| Debto |                     | Lester  |   | Wiley   | Case number (if known)    |  |                        |
|-------|---------------------|---|---|---|---------------------------|--|------------------------|
|       |                     | First Name  | Middle Name                                       | Last Name   |                           |  |                        |
|       | help                | o you deal with your credit<br>not include any payment or t                       | ors or to make payme                              |   | r behalf pay or transfer  | any property to a                          | nyone who promised to  |
|       | <b>✓</b>            | No<br>Yes. Fill in the details.   |   |   |                           |  |                        |
|       |                     |   |   | Description and value of any transferred          | property                  | Date<br>payment or<br>transfer was<br>made | Amount of payment      |
|       |                     | Person Who Was Paid   |   |   |                           |  |                        |
|       |                     | Number Street   |   |   |                           |  |                        |
|       |                     | City State  | Zip Code  |   |                           |  |                        |
| •     | <b>the</b><br>Incli | ordinary course of your bu  | isiness or financial af<br>nd transfers made as s | ecurity (such as the granting of a s              |                           | •  |                        |
| ļ     |                     |   |   | Description and value of any property transferred |                           | r property or<br>ceived or debts p         | Date transfer was made |
|       |                     | Person Who Received Trans   | sfer  |   |                           |  |                        |
|       |                     | Number Street   |   |   |                           |  |                        |
|       |                     | City State<br>Person's relationship to you  | Zip Code<br>u                                     |   |                           |  |                        |
|       |                     | Person Who Received Trans   | sfer  |   |                           |  |                        |
|       |                     | Number Street   |   |   |                           |  |                        |
|       |                     | City State<br>Person's relationship to you  | Zip Code<br>u                                     |   |                           |  |                        |
|       | ben                 | hin 10 years before you file<br>eficiary?<br>ese are often called asset-pro<br>No |   | I you transfer any property to a s                | self-settled trust or sim | ilar device of whi                         | ch you are a           |
|       |                     | Yes. Fill in the details.   |   | Description and value of th                       | e property transferred    |  | Date                   |
|       |                     |   |   |   |                           |  | transfer was made      |
|       |                     | Name of trust   |   |   |                           |  |                        |

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Wiley Debtor 1 Lester Case number (if known) Middle Name First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Wilev Debtor 1 Lester Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt |          | Lester                     |                |                   | Wiley            |              | Cas                            | e number <i>(ii</i> | fknown)       |                 |                                  |
|------|----------|----------------------------|----------------|-------------------|------------------|--------------|--------------------------------|---------------------|---------------|-----------------|----------------------------------|
|      |          | First Name                 |                | Middle Name       | Last N           | ame          |                                |                     |               |                 | _                                |
| 26.  | Hav      | e you been a part          | y in any judic | ial or administr  | ative proceedi   | ng under     | any environmer                 | ntal law? In        | clude settler | ments and ord   | ers.                             |
|      | 씜        | No<br>Yes. Fill in the det | tails.         |                   |                  |              |                                |                     |               |                 |                                  |
|      |          |                            |                |                   | Court or agen    | су           |                                | Nature              | of the case   |                 | Status of the case               |
|      |          | Case title                 |                |                   |                  |              |                                |                     |               |                 | Pending                          |
|      |          |                            |                |                   | Court Name       |              |                                |                     |               |                 | On appeal                        |
|      |          | Case number                |                |                   | NumberStreet     |              |                                |                     |               |                 | Concluded                        |
|      |          |                            |                | ,                 | City             | State        | Zip Code                       |                     |               |                 |                                  |
| Part | 11:      | Give Details Al            | oout Your E    | Business or Co    | nnections to     | Any Bu       | siness                         |                     |               |                 |                                  |
| 27.  | With     | nin 4 years before         | you filed for  | bankruptcy, did   | you own a bu     | siness or    | have any of the                | following c         | onnections t  | o any busines   | s?                               |
|      |          | _                          |                |                   |                  |              | activity, either f             | ull-time or p       | oart-time     |                 |                                  |
|      |          | A member of A partner in a |                | oility company (L | LC) or limited   | liability pa | rtnership (LLP)                |                     |               |                 |                                  |
|      |          |                            | -              | naging executiv   | e of a corpora   | ition        |                                |                     |               |                 |                                  |
|      |          | An owner of                | at least 5% c  | f the voting or e | quity securities | s of a corp  | ooration                       |                     |               |                 |                                  |
|      | <b>✓</b> | No. None of the a          |                |                   |                  | 1. 1.        |                                |                     |               |                 |                                  |
|      | Ш        | Yes. Check all that        | at apply abov  | e and till in the |                  |              | ousiness.<br>Ire of the busine | ss                  | Employer I    | dentification i | number Do not                    |
|      |          |                            |                |                   |                  |              |                                |                     | include So    |                 | number or ITIN.                  |
|      |          | Business Name              |                |                   | _                |              |                                |                     | EIN:          |                 |                                  |
|      |          | Number Street              |                |                   | Name of          | accounts     | ant or bookkeep                | nor.                | Dates busi    | ness existed    |                                  |
|      |          | City                       | State          | Zip Code          | - Name of        | account      | ant of bookkeep                |                     | From          | То              |                                  |
|      |          |                            |                |                   |                  |              |                                |                     |               |                 |                                  |
|      |          |                            |                |                   | Describe         | e the natu   | ıre of the busine              | ess                 |               |                 | number Do not<br>number or ITIN. |
|      |          | Business Name              |                |                   | _                |              |                                |                     | EIN:          | -               |                                  |
|      |          | Number Street              |                |                   | _                |              |                                |                     | Dates busi    | ness existed    |                                  |
|      |          |                            |                |                   | Name of          | account      | ant or bookkeep                | er                  |               |                 |                                  |
|      |          | City                       | State          | Zip Code          |                  |              |                                |                     | From          | To              |                                  |
|      |          |                            |                |                   |                  |              |                                |                     |               |                 |                                  |
|      |          |                            |                |                   | Describe         | the natu     | ire of the busine              | ess                 |               |                 | number Do not<br>number or ITIN. |
|      |          | Business Name              |                |                   | _                |              |                                |                     | EIN:          |                 |                                  |
|      |          | Number Street              |                |                   | _                |              |                                |                     | Dates busi    | ness existed    |                                  |
|      |          | City                       | State          | Zip Code          | Name of          | account      | ant or bookkeep                | er                  | From          | To              |                                  |
|      |          |                            |                |                   |                  |              |                                |                     |               |                 |                                  |
|      |          |                            |                |                   |                  |              |                                |                     |               |                 |                                  |

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| Deb  | otor 1 Lester  | Wiley                               | Case number (if known)   |
|------|--|-------------------------------------|--|
|      | First Name Middle Name   | Last Name                           |  |
| 28.  | Within 2 years before you filed for bankruptc creditors, or other parties.  No Yes. Fill in the details below. | y, did you give a financial stateme | ent to anyone about your business? Include all financial institutions,   |
|      |  | Date issued                         |  |
|      |  | Date Issued                         |  |
|      | Name   | MM/DD/YYYY                          |  |
|      | Number Street  |                                     |  |
|      | City State Zip Co  | ode                                 |  |
| Pari | t 12: Sign Below   |                                     |  |
| 1    | true and correct. I understand that making a f   | alse statement, concealing prope    | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | Signature of Debtor 1  |                                     | Signature of Debtor 2  |
|      |  |                                     | Date   |
|      | Date 2/9/2017  |                                     | Suc  |
| I    | Did you attach additional pages to Your State  No Yes  Did you pay or agree to pay someone who is no           |                                     | duals Filing for Bankruptcy (Official Form 107)?   |
| ١.   | No   | or an accorney to help you lill out | outline aproy forms:   |
|      | Yes. Name of person  |                                     | Attach the Bankruptcy Petition Preparer's Notice,  |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|--|
| Debtor 1  | Lester                    |             | Wiley                        |  |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |  |
| Case number (If known)                          |                           |             | (,                           |  |  |  |  |  |  |

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

creditors have claims secured by your property, or

Part 1: List Your Creditors Who Have Secured Claims

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and

[explain]:

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| Debto   | r <u>Lester</u>             |                           | Wiley                  | Case number (if   |
|---------|-----------------------------|---------------------------|------------------------|---|
| 1       | First Name                  | Middle Name               | Last Name              | known)  |
| Part 2: | List Your Unexpire          | ed Personal Property Leas | es                     |   |
| inform  | ation below. Do not list    |                           | leases are leases that | y Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| De      | scribe your unexpired       | personal property leases  |                        | Will the lease be assumed?  |
| Le      | ssor's name:                |                           |                        | □ No □ Yes  |
|         | scription of leased operty: |                           |                        |   |
| Le      | ssor's name:                |                           |                        | □ No<br>□ Yes   |
|         | scription of leased operty: |                           |                        |   |
| Le      | ssor's name:                |                           |                        | □ No □ Yes  |
|         | scription of leased operty: |                           |                        |   |
| Le      | ssor's name:                |                           |                        | □ No □ Yes  |
|         | scription of leased operty: |                           |                        |   |
| Le      | ssor's name:                |                           |                        | □ No □ Yes  |
|         | scription of leased operty: |                           |                        | _   |
| Le      | ssor's name:                |                           |                        | □ No<br>□ Yes   |
|         | scription of leased operty: |                           |                        | _   |
| Le      | ssor's name:                |                           |                        | □ No<br>□ Yes   |
|         | scription of leased operty: |                           |                        | _   |
| Part 3: | Sign Below                  |                           |                        |   |
| Und     |                             |                           | my intention about any | property of my estate that secures a debt and any personal  |
| ×       | /s/ Lester Wiley            |                           | ×                      |   |
| 5       | Signature of Debtor 1       |                           | Sig                    | gnature of Debtor 2   |
| С       | Date 2/9/2017<br>MM/DD/YYYY |                           | Da                     | tte   |

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B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re | Lester Wiley   |                                    | Case No.  |                               |
|-------|--|------------------------------------|---|-------------------------------|
| _     | Debtor   |                                    | <del></del>   | (If known)                    |
|       |  |                                    | Chapter   | Chapter 7                     |
|       | DISCLOSURE OF  | COMPENSATI                         | ON OF ATTORNEY F  | OR DEBTOR                     |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of the      | he petition in bankruptcy, or agreed t  | o be paid to me, for services |
|       | For legal services, I have agreed to ac  | cept                               |   | \$1,413.00                    |
|       | Prior to the filing of this statement I h  | nave received                      |   | \$23.00                       |
|       | Balance Due  |                                    |   | \$1,390.00                    |
| 2.    | The source of the compensation paid  | I to me was:                       |   |                               |
|       | <b>✓</b> Debtor  | Other (speci                       | ify)  |                               |
| 3.    | The source of the compensation paid  | I to me is:                        |   |                               |
|       | <b>✓</b> Debtor  | Other (speci                       | ify)  |                               |
| 4.    | I have not agreed to share the ab members and associates of my la  | ove-disclosed compensa<br>aw firm. | tion with any other person unless the   | ey are                        |
|       | I have agreed to share the above-<br>members or associates of my law<br>the people sharing in the comper     | firm. A copy of the agree          | with a other person or persons who ement, together with a list of the nam         | are not<br>nes of             |
| 5.    | In return for the above-disclosed fee,<br>a. Analysis of the debtor's finan<br>bankruptcy;                   |                                    | egal service for all aspects of the ban<br>ing advice to the debtor in determinir |                               |
|       | b. Preparation and filing of any p   | petition, schedules, state         | ments of affairs and plan which may   | be required;                  |
|       | c. Representation of the debtor  | at the meeting of creditor         | rs and confirmation hearing, and any  | adjourned hearings thereof;   |
| 6.    | By agreement with the debtor(s), the   | above-disclosed fee does           | s not include the following services:   |                               |
|       |  |                                    |   |                               |
|       |  | CERTIF                             | FICATION  |                               |
|       | certify that the foregoing is a complet cor(s) in this bankruptcy proceedings.                               | e statement of any agreer          | ment or arrangement for payment to I  | me for representation of the  |
|       | 2/9/2017   |                                    | /s/ Ayah Abdelhadi  |                               |
|       | Date   |                                    | Signature of Attorney   |                               |
|       |  |                                    | Semrad Law Firm   |                               |
|       |  |                                    | Name of law firm  |                               |

### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC, to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I agree to pay The Semrad Law Firm, LLC \$1413.00 in attorney fees plus costs in the amount of \$387.00 to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representing Client in Adversary Proceeding. \$300.00/hr.

Adding additional bills \$31.00

Motion to Reopen and Avoid Lien \$1000.00

Motion to Reopen \$350.00 + court costs

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As The Semrad Law Firm, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to The Semrad Law Firm, LLC. Any fees owing to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to The Semrad Law Firm, LLC, as part of this advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my property as security for future services. However, The Semrad Law Firm, LLC, does not

Lester Wiley Matter Number 505419-001 Initial:

represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of The Semrad Law Firm, LLC, to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As The Semrad Law Firm, LLC, has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC. This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.\*

I also understand that, if I am refiling a case with The Semrad Law Firm, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed; any initial funds I pay to refile will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC, or an agent thereof.

Date: 92/07/2017

, Lester Wiley

Attorney

#### \*DISCLAIMER

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

Lester Wiley Matter Number 505419-001 Initial:

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Wiley, Lester                             | Case No  |                                     |
|-----------------|---|--|-------------------------------------|
|                 | Debtor(s)                                 |  |                                     |
|                 |   | Chapter.   | Chapter7                            |
|                 | VERIFICA                                  | ATION OF CREDITOR MAT                                  | RIX                                 |
| Th<br>knowledge | ne above named Debtors hereby verify to a | that the attached list of creditors is tru             | ue and correct to the best of their |
| Date:           | 2/9/2017                                  | /s/ Wiley, Lester<br>Wiley, Lester<br>Signature of Deb | tor                                 |

NCB MANAGEMENT SERVICE 1 ALLIED DR TREVOSE, PA, 19053

77th St Depo 210 W 79th St Chicago, IL, 60620

TARGET/TD P.O. Box 660170 Dallas, TX, 75266

KOHLS/CAPONE N56 W17000 Ridgewood Drive Menomonee Falls, WI, 53051

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON, WA, 98057

CAPITAL ONE P O Box 30253 Salt Lake City, UT, 84130

CCI 501 Greene Street # 302 Augusta, GA, 30901

South Suburban Hospital 17800 Kedzie Ave. Hazel Crest, IL, 60429

Christ Hospital 2139 Auburn Ave Cincinnati, OH, 45219

Consumer Portfolio Services c/o Kathryn Carol Ann K.C. Jacobson PO Box 57071 Irvine, CA, 92619

TMobile P.O. Box 742596 Cincinnati, OH, 45274 Case 17-03827 Doc 1 Filed 02/09/17 Entered 02/09/17 15:58:16 Desc Main Document Page 62 of 68

Midland Credit Management 2365 Northside Dr # 300 San Diego, CA, 92108

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| Debtor 1 Lester First Name  | Middle Name  | Wiley Last Name  | Case number (if known)  |  |
|---|--|--|---|--|
|   | estions for Reporting Purpose  |  |   |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primaril "incurred by an individua No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primaril   | y consumer debts? Con<br>al primarily for a personal,<br>y business debts? Busin<br>investment or through th               | , family, or household<br>ess debts are debts the operation of the bus                              | purpose."  at you incurred to obtain siness or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☑ No.  |  |   |  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,00  | Booms   | ] 25,001-50,000<br>] 50,001-100,000<br>] More than 100,000   |
| <sup>19.</sup> How much do you<br>estimate your assets<br>to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$ \$10,000,001- \$50,000,001-   | \$50 million<br>\$100 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |
| <sup>20.</sup> How much do you<br>estimate your<br>liabilities to be?   |  | \$1,000,001-\$ \$10,000,001- \$50,000,001-   | \$50 million<br>\$100 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |
| Part 7: Sign Below  |  |  |   |  |
| For you   | of title 11, United States Code<br>under Chapter 7.<br>If no attorney represents me ar<br>out this document, I have obta   | chapter 7, I am aware that<br>b. I understand the relief at<br>and I did not pay or agree t<br>ained and read the notice i | I may proceed, if eligit<br>vailable under each ch<br>o pay someone who is<br>required by 11 U.S.C. | ole, under Chapter 7, 11,12, or 13 apter, and I choose to proceed s not an attorney to help me fill § 342(b).  |
|   | I request relief in accordance well understand making a false state connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341,  /s/ Lester Wiley Signature of Debtor 1 | atement, concealing prop<br>case can result in fines up  | erty, or obtaining mon  | ey or property by fraud in<br>isonment for up to 20 years, or  |
|   | Executed on 2/9/2017<br>MM / Di  | D/YYYY   | Executed on   | MM / DD / YYYY  SECONOMORA PAGE SECONOMORA PAG |

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| Fill in this info               | rmation to identify your c                           | ase:   |   |  |                                   |
|---------------------------------|--|--|---|--|-----------------------------------|
| Debtor 1                        | Lester   |  | Wiley                                   |  |                                   |
|                                 | First Name   | Middle Name  | Last Name                               |  |                                   |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name  | Last Name                               |  |                                   |
|                                 | Bankruptcy Court for the:                            |  |   |  |                                   |
| Officed States                  | bankruptcy Court for the.                            | Northern   | District of Illinois (State)            |  |                                   |
| Case number<br>(If known)       |  |  | (,                                      |  |                                   |
| Official                        | Form 106De   | eC   |   |  | Check if this is a amended filing |
| Declarat                        | tion About an  | Individual Deb   | tor's Schedule                          | s  | 12/1:                             |
| lf two married                  | people are filing togeth                             | er, both are equally respo   | nsible for supplying corre              | ct information.  |                                   |
|                                 | 1341, 1519, and 3571.                                | on with a bankrupicy cas   | e can result in lines up to             | o \$250,000, or imprisonment for up to 2                   | 20 years, or both. 18             |
| Did you p                       | eay or agree to pay some                             | one who is NOT an attorn   | ey to help you fill out ban             | kruptcy forms?   |                                   |
| ✓ No                            |  |  |   |  |                                   |
| Yes.                            | Name of person                                       |  | Attach Bankruptcy Signature (Official F | Petition Preparer's Notice, Declaration, and<br>Form 119). | d                                 |
| Under pe                        | nalty of perjury, I declare<br>are true and correct. | e that I have read the sun   | nmary and schedules filed               | with this declaration and                                  |                                   |
| -                               | J. J.  | The second secon | 4.0                                     |  |                                   |
| /s/ Leste                       |  | -Chuk  | <b>≭</b><br>Signatur                    | e of Debtor 2  |                                   |
| Date <b>2/9/</b>                | 2017   |  | Date                                    |  |                                   |

MM/DD/YYYY

MM/DD/YYYY

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| Debtor '   | 1 Lester                    |   | Wiley                     | Case number (if known)   |
|--|-----------------------------|---|---------------------------|--|
| to the control of the | First Name                  | Middle Name   | Last Name                 |  |
| 28. Wi   | editors, or oth             | efore you filed for bankruptcy, did yo<br>er parties.<br>ne details below.                                      | ou give a financial state | ement to anyone about your business? Include all financial institutions,   |
| Laur   | J                           |   | Date issued               |  |
|  |                             |   | Date issued               |  |
|  | Name                        |   | MM/DD/YYYY                | <u> </u>   |
|  | Number S                    | troot   |                           |  |
|  | Number 5                    | reet  |                           |  |
|  | City                        | State Zip Code  | _                         |  |
|  | _                           | ·   |                           |  |
| Part 12:   | Sign Belov                  | N   |                           |  |
| true   | and correct. Inkruptcy case | understand that making a false state can result in fines up to \$250,000, /s/ Lester Wiley ignature of Debtor 1 | tement, concealing pro    | nments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  Date |
|  | L                           | Pate 2/9/2017   |                           |  |
| Did y  | you attach add              | ditional pages to Your Statement of   | Financial Affairs for Ind | ividuals Filing for Bankruptcy (Official Form 107)?  |
|  | No<br>Yes                   |   |                           |  |
| Did y  | ou pay or agr               | ee to pay someone who is not an atl   | orney to help you fill ou | it bankruptcy forms?   |
|  | No                          |   |                           |  |
|  | Yes. Name of p              | person  |                           | Attach the Bankruptcy Petition Preparer's Notice, Declaration. and Signature (Official Form 119).  |

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| Debto   | r Lester  |  | Wiley   | Case number <i>(if</i>   |  |
|---------|---|--|---|--|--|
| 1       | First Name  | Middle Name  | Last Name   | known)   |  |
| Part 2: | List Your Unexpire                                  | d Personal Property Lease  | es  |  |  |
| inform  | ation below. Do not list                            |  | leases are leases that a  | Contracts and Unexpired Leases (Official Fo<br>are still in effect; the lease period has not ye<br>J.S.C. § 365(p)(2). |  |
| De      | escribe your unexpired p                            | personal property leases   |   | Will the lease be ass  | umed?  |
| Le      | essor's name:                                       |  |   | □ No □ Yes   |  |
|         | escription of leased operty:                        | adore Andrewsking (1997) og en | ik ya ki masani ya makaniinja unuri 1944a wa kiin in isa wa masanii ka wa masanii ka kii ka wa makaniin ka ma   |  |  |
| Le      | ssor's name:  |  |   | □ No □ Yes   |  |
|         | escription of leased operty:                        |  |   |  |  |
| Le      | ssor's name:  |  |   | ☐ No<br>☐ Yes  | A CALLED AND A CAL |
|         | scription of leased operty:                         | •  |   | <del></del>  | And promotion of the control of the  |
|         | ssor's name:  |  |   | □ No □ Yes   | an en la saure en la Rin eta der eta franktionen da vezena, en eta eta samatan an en la seguina de en la seg |
|         | scription of leased operty:                         |  |   |  |  |
| Les     | ssor's name:  |  | remarka a servera di emi processo consensa da este disentenden en escolario en escolario de este escolario de<br>La compania de la compania de escolario de escolario de escolario de escolario de escolario de escolario de es | ☐ No<br>☐ Yes  | A CALL AND A STATE OF THE STATE |
|         | scription of leased operty:                         |  |   |  | Topic Continues of the  |
| -       | ssor's name:  |  | . х   | ☐ No<br>☐ Yes  |  |
|         | scription of leased operty:                         |  |   | <del></del>  | *Automotive to the state of the |
| Les     | ssor's name:  |  |   | ☐ No<br>☐ Yes  | The second of th |
|         | scription of leased operty:                         |  |   | asset  | The state of the s |
| art 3:  | Sign Below  |  | ****  |  | 3  |
|         | er penalty of perjury, I derty that is subject to a |  | ny intention about any p  | operty of my estate that secures a debt and  | any personal   |
| _       | /s/ Lester Wiley / Signature of Debtor 1            | thelite  | <b>★</b><br>Signa   | ature of Debtor 2  | <del></del>  |
| D       | ate 2/9/2017<br>MM/DD/YYYY                          |  | Date  | MM/DD/YYYY   |  |

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| Debtor 1 Lester   |  | Wiley  | Case number (if know               | /n)                                    |                    |
|---|--|--|------------------------------------|--|--------------------|
| First Name  | Middle Name  | Last Name                                    | Column A<br>Debtor 1               | Column B Debtor 2 or non-filing spouse |                    |
| under the Social Security A                                 | you contend that the amoun   |  | \$0.00                             |  |                    |
| For your spouse   |  | \$1,423.00<br>\$0.00                         |                                    |  |                    |
| 9.Pension or retirement ind<br>benefit under the Social Sec | come. Do not include any am<br>curity Act.   | ount received that was a                     | \$1,273.12                         |  |                    |
| payments received as a vict                                 | y benefits received under the<br>tim of a war crime, a crime aga<br>rrorism. If necessary, list othe | Social Security Act or<br>ainst humanity, or |                                    |  |                    |
| Total amounts from separa                                   | te pages, if any.  |  | +\$0.00                            | +                                      | [                  |
| 11. Calculate your total cureach                            | rrent monthly income. Add  | lines 2 through 10 for                       | \$ <u>1,273.12</u> +               |  | <b>\$1,273.12</b>  |
| column. Then add the to                                     | tal for Column A to the total f  | or Column B.                                 |                                    |  | Total current      |
| Part 2: Determine Wheth                                     | ner the Means Test App   | lias ta Vari                                 |                                    |  | monthly income     |
| 12. Calculate your current m                                |  |  |                                    |  |                    |
|   | t monthly income from line 1   | • •  | Copy fi                            | ne 11 here →                           | \$1,273.12         |
| Multiply by 12 (the nu                                      | ımber of months in a year).  |  |                                    | _                                      | X 12               |
| 12b. The result is your anni                                | ual income for this part of the  | form.  |                                    | 12b.                                   | <u>\$15,277.44</u> |
| 13 Calculate the median fam                                 | nily income that applies to  | you. Follow these steps:                     |                                    |  |                    |
| Fill in the state in which you                              | ı live.  |  |                                    |  |                    |
| Fill in the number of people                                | in your household.   | 1  |                                    |  |                    |
| Fill in the median family inconhousehold.                   | ome for your state and size of   | :  |                                    | 13.                                    | \$50,133.00        |
|   | nedian income amounts, go c<br>his list may also be available a                                      |  |                                    |  |                    |
| 14. How do the lines compar                                 |  |  |                                    |  |                    |
| 14a.  Line 12b is less th<br>Go to Part 3.                  | nan or equal to line 13. On the  | top of page 1, check box                     | 1, There is no presumption of a    | buse.                                  |                    |
| 14b. Line 12b is more Go to Part 3 and t                    | than line 13. On the top of pa<br>fill out Form 122A-2.  | age 1, check box 2, The pre                  | sumption of abuse is determine     | ed by Form 122A-2.                     |                    |
| Part 3: Sign Below  |  |  |                                    |  | •                  |
|   |  |  |                                    |  |                    |
| By signing here, I declare u                                | under penalty of perjury that the  | ne information on this stater                | ment and in any attachments is     | true and correct.                      |                    |
| /s/ Lester Wiley  | Vilotuteex   | <u>*</u>                                     | Negative of Politica               |  |                    |
| Signature of Debtor 1                                       |  | /  | Signature of Debtor 2              |  |                    |
| Date 2/9/2017<br>MM/DD/YYYY                                 |  | τ  | Date <u>2/9/2017</u><br>MM/DD/YYYY |  |                    |
|   | do NOT fill out or file Form 12 fill out Form 122A-2 and file  |  |                                    |  |                    |

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Wiley, Lester | Case No                                       |                                      |  |
|-----------------|---------------|---|--------------------------------------|--|
| Debtor(s)       |               |   | 0400 110,                            |  |
|                 |               | Chapter.                                      | Chapter7                             |  |
|                 | VERIF         | ICATION OF CREDITOR MAT                       | ΓRIX                                 |  |
| Th<br>knowledge |               | ify that the attached list of creditors is to | rue and correct to the best of their |  |
| Date:           | 2/9/2017      | /s/ Wiley, Lester                             | Lestulle                             |  |
|                 |               | Wiley, Lester                                 | hter                                 |  |